



USAID
FROM THE AMERICAN PEOPLE

Private Health Sector Program

ASSESSMENT OF THE AVAILABILITY AND DEMAND OF FAMILY PLANNING AND SEXUALLY TRANSMITTED INFECTION SERVICES IN PRIVATE AND PUBLIC HEALTH FACILITIES IN ETHIOPIA: A SITUATIONAL ANALYSIS

May 2011

This publication was produced for review by the United States Agency for International Development. It was prepared by the Private Health Sector Program

The Private Health Sector Program is a technical assistance program to support the Government of Ethiopia. The Private Health Sector Program is managed by Abt Associates, Inc. and is funded by the United States Agency for International Development (USAID), under Associate Award # 663-A-00-09-00434-00.

Recommended Citation: Private Health Sector Program. May 2011. *Assessment of the Availability and Demand of Family Planning and Sexually Transmitted Infection Services (FP/STI) in Private and Public Health Facilities in Ethiopia: A Situational Analysis*. Bethesda, MD. Ethiopia Private Health Sector program, Abt Associates Inc.

Submitted to: Faris Hussein, USAID/AOTR
Addis Ababa, Ethiopia

Tesfai Gabre-Kidan, COP
Private Health Sector Program



Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | T. 301.347.5000 | F. 301.913.9061
| www.abtassociates.com

ASSESSMENT OF THE AVAILABILITY AND DEMAND OF FAMILY PLANNING AND SEXUALLY TRANSMITTED INFECTION SERVICES IN PRIVATE AND PUBLIC HEALTH FACILITIES IN ETHIOPIA: A SITUATIONAL ANALYSIS

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

CONTENTS

Acronyms.....	vii
Operational definitions.....	ix
Acknowledgments	xi
Executive Summary	xiii
1. Introduction.....	1
2. Objectives	3
2.1 General objective.....	3
2.2 Specific objectives:.....	3
3. Methods and Materials.....	5
3.1 Study sites.....	5
3.2 Design, study participants and sampling procedures.....	5
3.3 Data collection	6
3.4 Data quality control	6
3.5 Ethical considerations	6
3.6 Limitations of the study.....	6
4. Results.....	9
4.1 Findings from the Southern Nations, Nationalities and People Region (SNNPR)	9
4.1.1 Study town FP and STI target population.....	9
4.1.2 FP and STI services profile	9
4.1.3 Availability of FP and STI trained personnel and service utilization	11
4.1.4 Public private partnership in FP and STI services	12
4.1.5 FP/STI management information system.....	12
4.1.6 Demand for FP and STI services and IEC/BCC materials.....	13
4.1.7 Clients' willingness to pay for FP and STI services.....	13
4.1.8 STI Laboratory diagnostic service fees.....	14
4.1.9 Barriers to use of FP and STI services:.....	15
4.2 Findings from the Oromiya Region	15
4.2.1 FP and STI services profile	15
4.2.2 Availability of FP/STI trained personnel and service utilization..	17
4.2.3 Public private partnership in FP and STI services	19
4.2.4 The FP and STI management information system	19
4.2.5 Demand for FP and STI services and IEC/BCC materials.....	19
4.2.6 Clients' willingness to pay for FP and STI services.....	20

4.2.7 Barriers to FP and STI service utilization	21
4.3 Findings from Amhara Region.....	21
4.3.1 FP and STI services profile	22
4.3.2 Availability of FP and STI trained personnel and service utilization	25
4.3.3 Public private partnership in FP and STI services	27
4.3.4 FP and STI information management systems	28
4.3.5 Demand for FP and STI services and IEC/BCC materials.....	28
4.3.6 Client willingness to pay for FP and STI services.....	28
4.3.7 Barriers to utilization of FP and STI services.....	30
4.4 Findings from Dire Dawa City Administration.....	30
4.4.1 FP and STI service profile.....	30
4.4.2 Availability of FP and STI trained personnel and service utilization	31
4.4.3 Public private partnership in FP and STI services	31
4.4.4 FP and STI management information system.....	31
4.4.5 Demand for FP and STI services.....	32
4.4.6 Client willingness to pay for FP and STI services.....	32
4.4.7 Barriers to FP and STI service utilization	32
4.5 Summary of the Findings.....	32
5. Discussion	35
6. Conclusions	37
7. Recommendations.....	39
References.....	41
Annexes	43
Annex 1. List of Public Health Facilities Which Provides FP/STI Services in the Study Town of SNNPR	45
Annex 2. List of Private/NGO Health Facilities Which Provides FP/STI Services in the Study Town in SNNPR.....	47
Annex 3. List of Drug Outlets Which Sells FP Commodities or STI Drugs in the Study Towns of SNNRP.....	50
Annex 4. List of Public Health Facilities in the Study Towns of Oromiya Region.....	52
Annex 5. List of Private Facilities in the Study Towns of Oromiya Region.....	55
Annex 6. List of Private Pharmacies and Shops in the Study Towns of Oromiya Region	59
Annex 7- List of Public Health Facility in Study Towns of Amhara Region.....	63
Annex 8. List of Private Health Facility in Study Towns of Amhara Region.....	69

Annex 9. Private or Public Pharmacies and Drug Shops (Pharmacy, Drug Vendor, Others) in the Study Town of Amhara Region.....	79
Annex 10. List of Public Health Facilities in Dire Dawa.....	85
Annex 11. List of Private Health Facilities in Dire Dawa.....	87
Annex-12. Institutional and Community Drug Outlets- Number of Private Pharmacies and Drug Shops (Pharmacy, Drug Vendor, Others) in Dire Dawa..	90

LIST OF TABLES

Table 1- Target Population for FP/STI Services in the Study Towns of SNNPR, July, 2010.....	9
Table 2- Type and Number of Public Health Facilities in the Study Towns of SNNPR, July, 2010	10
Table 3- Type and Number of Private/NGO facilities in the Study Towns of SNNPR, July, 2010	10
Table 4- Type and Number of Drug Outlets in the Study Towns of SNNPR, July, 2010.....	11
Table 5- Availability of Trained Human Resources for FP Services, SNNPR, July, 2010.....	11
Table-7- Target Population for FP and STI Services in Nine Towns of Oromiya Region, July, 2010.....	15
Table 8- Type and Number of Public Health Facilities in Oromiya Region, July, 2010.....	16
Table 9-Type and Number of Private and NGO Health Facilities in Oromiya Region, July, 2010.....	16
Table 10- Type and Number of Drug Outlets in Study Towns of Oromiya Region, July, 2010.....	17
Table 11- Basic Training of FP, Oromiya Region, July, 2010	17
Table 12- Number of FP Clients and Choice of Contraceptive Method in Assessed Facilities (July 2008-June 2010).....	18
Table-13- Target Population for FP/STI Services in Study Towns of Amhara Region, July 2010.....	22
Table-14 Type and Number of Public Health Facilities in Amhara Region, July 2010.....	23
Table 15-Type and Number of Private and NGO Health Facilities in Amhara Region.....	24
Table 16- Type and Number of Drug Outlets in the Study Towns of Amhara Region, July, 2010.....	24
Table 17- Availability of Trained Human Resources for FP Services, Amhara Region, July, 2010.....	25
Table 18- Number of Clients in the Study Health Centers of Amhara Region and Types of FP Methods Utilized (July 2008 to June 2009)	26
Table 19-Number of Clients Who Accessed Private Clinic FP Services and FP Method Utilized (July 2008 to June 2009).....	26
Table 20- List of Public Health Facilities in Dire Dawa by type, July 2010	30

LIST OF FIGURES

Figure-1. The Average Cost of Different FP Methods in Private Facilities and FGAE, in SNNPR, July 2010	14
Figure 2- Average Cost of Common Laboratory Investigations in Public, Private, and NGO Facilities in SNNPR	14
Figure 3-Average Price of FP Methods in Private Facilities and FGAE Clinics in Oromiya, July, 2010	20
Figure 4- Average Price of Laboratory Tests in Public, NGO and Private Facilities, July 2010.....	21
Figure 5-Average Costs of FP Methods in Private Facilities and FGAE in Amhara Region, July 2010.....	29
Figure 6-Average Costs of Laboratory Tests for STI in Private and Public Facilities in Amhara Region, July 2010.....	29

ACRONYMS

ANC	Antenatal care
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior change communication
CBRHA	Community Based Reproductive Health Agents
CT	Counseling and testing
CSW	Commercial sex worker
EDHS	Ethiopia Demographic and Health Survey
ETB	Ethiopian Birr
FGAE	Family Guidance Association of Ethiopia
FGD	Focus group discussion
FMOH	Federal Ministry of Health
FP	Family planning
HC	Health center
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
IUD	Intrauterine device
LAPM	Long-acting and permanent methods of contraceptives
L-10 K	Last 10 Kilometers
MDG	Millennium Development Goals
NGO	Non-governmental organization
PHSP	Private Health Sector Program
SNNPR	Southern Nations Nationalities and Peoples Region
STI	Sexually transmitted infection
VDRL	Venereal diseases research laboratory test

OPERATIONAL DEFINITIONS

Commercial sex worker: generally, a female or male adult or young person who receives money or goods in exchange for sexual services on a regular basis

Family planning: family planning in this document refers to the use of modern methods of contraception that will help individuals and couples to time, space, and limit births and the number of desired children to have

Implants: a hormonal family planning method surgically put beneath the skin of women's upper arm

Injectable contraceptive: a hormonal family planning method given to women in the form of injection every three months

Intrauterine device (IUD): a hormonal family planning method which is placed/put in the uterus of women

Long-acting family planning methods: use of implants or IUD

Oral contraceptive (pills): a hormonal family planning method given to women in the form of tablets/pills

Permanent family planning: a family planning method by applying minor surgery such as vasectomy (cutting the vessels/tubes that transport sperm in a male) and tubal ligation (cutting the fallopian tubes of a female)

STI: infections that can be transmitted through unprotected sexual intercourse

Substances: substances considered in this study are stimulants other than alcohol, e.g., Khat (*Catha edulis*) and hashish or marijuana

Woreda: an administrative unit which is equivalent to a district

Zone: an administrative level consisting of a number of *Woredas*

ACKNOWLEDGMENTS

I would like to thank the following offices and institutions for their help providing necessary information: Regional, Zonal and Town Health Offices, health institutions and NGOs. My deepest gratitude goes to the participants of the focus group discussions and in-depth interviews for their willingness to share their experiences and opinions. The study was fully sponsored by Abt Associates Inc/PHSP-Ethiopia. I would like to acknowledge the staff of PHSP-Ethiopia, especially Fikremariam Gezahegn, Semunegus Mihret, Abenet Leykun, Abiy Shewarega, Yonas Yilma, and Dr. Assfawessen Woldegeorgis for their support in designing the instruments and organizing the data collection process and for their input in the draft study report. Last but not least, I would like to thank Ato Tsegaye G/Medhin for his great effort in arranging and organizing comfortable cars for transportation.

EXECUTIVE SUMMARY

Background: Integration of family planning and sexually transmitted infection (FP/STI) services in the private sector is a key strategy to expand access of quality FP/STI services to a wider segment of the population in Ethiopia. However, the role of the private sector in the provision of FP/STI services is not well explored in Ethiopia.

Methods: This assessment was conducted by the Private Health Sector Program (PHSP) in collaboration with the Oromiya, Amhara, and Southern Nationals and Nationalities and Peoples (SNNP) regions and Dire Dawa City Administration. The aim of the assessment was to assess the availability, accessibility, utilization and demand of a range of FP methods and STI services. The study was conducted in 29 towns in three regions; one city administration: Oromiya, SNNP, and Amhara regions and Dire Dawa. The assessment employed qualitative methods of data collection, including focus group discussions (FGD) among youth, clients and members of women's associations; in-depth interviews among representatives of Regional, Zonal and Town Health Offices, and service providers. Record reviews were conducted to collect quantitative data.

Key findings: The study identified several public and private/NGO facilities that provided comprehensive reproductive health services, such as FP, STI diagnosis and treatment, antenatal care (ANC) and HIV counseling and testing. FP/STI retail drug outlets that distribute short-term FP commodities and STI drugs were also identified in the study towns. The study documented that there was high demand for FP/STI services in the private facilities in the study towns. Many adolescents, youth and single individuals preferred the private clinics for FP/STI services. However, most of the private facilities did not have access to long-acting FP commodities from the government or other NGOs. As a result, the FP method mix in the private facilities was limited to oral contraceptives, injectables and condoms. Though the government plans to integrate FP/STI services into the private facilities, guidelines and working documents were not available in all the study zones. Short-term family planning methods such as oral contraceptive pills, injectables and condoms were widely utilized in the public health facilities. Most of the public health facilities provided implants. However, utilization of this method was hampered by frequent supply shortages. None of the public or private health facilities provided intrauterine devices (IUDs) due to lack of skilled health professionals to insert the IUD. However, a wide FP method mix, including permanent contraceptives (tubal ligation and vasectomy) was available in referral hospitals in the big study towns of Jimma, Shashemene, Arbaminch, Hawassa, Dilla, Bule-Hora, Debreworkos, Bahir Dar, Gondar, Dessie and Dire Dawa. NGO facilities such as the Family Guidance Association of Ethiopia (FGAE) and Marie Stopes had a better FP method mix including long-acting and short-term FP methods.

Four major barriers hampered utilization of long -acting family planning methods in the study towns: limited awareness in the community about the methods; lack of available long-acting FP commodities; lack of skilled health professionals, and misconceptions about the methods. Various misconceptions and myths were identified in different regions. In SNNPR and Oromiya regions, clients believed that long-acting FP methods could cause permanent sterility. In the Amhara region, long-acting FP methods are believed to cause wasting and numbness of hands and chronic pain.

Meanwhile, the demand for long-acting FP methods, particularly implants, has been increasing among educated individuals and urban dwellers. The demand for STI services was also high. However, due to lack of client awareness of STIs, stigma and fear of spouse's reactions, most people resorted to visiting traditional healers for these services. Many clients said they preferred private clinics to public facilities, due to a perception of confidentiality and privacy at the private clinics. The recording and reporting systems of FP/STI services were poor in all regions. Most of the FP/STI reports from the public facilities were not submitted in a timely manner to the town health offices and often these reports were incomplete and inconsistent. Very few private facilities submitted consistent and complete reports every three months to the town health offices.

Conclusion and Recommendations: Evidence from this study indicates that private clinics need support providing FP and STI services. Private clinics in the study towns show willingness and experience providing FP and STIs services, but they have little technical and managerial support from the government or other collaborating agencies. PHSP, in close partnership with the Regional Health Bureaus and Town Health Offices, should extend time and energy to develop a system to standardize routine data collection and data compilation, and establish a reporting linkage between the private clinics and government offices. PHSP should coordinate its FP and STI services with international collaborative agencies such as Marie Stope's Blue Star project and Ipas in East and Western Amhara. A strong partnership with DKT-Ethiopia for Social Marketing and FP commodity distribution is strongly recommended to sustain FP services in private clinics. PHSP should coordinate with Town Health Offices to provide capacity building to the private clinics, through trainings, regular technical support, supervision and monitoring. Community and facility level IE/BCC efforts should address the widespread rumors and deeply rooted social values that affect FP/STI services utilization.

I. INTRODUCTION

Ethiopia is the second most populous country in Africa, with a population currently estimated at over 80 million people and an annual population growth rate of 2.6 percent. The total fertility rate is 5.4 children per woman, and the current contraceptive prevalence rate of 15 percent is far below the performance of other sub-Saharan African countries (1, 2). Evidence suggests that unchecked population growth in Ethiopia is among the leading factors of household food insecurity and contributes to the vicious cycle of poverty. Frequent, unplanned, and narrowly spaced births are among the main contributing factors to the current, unacceptably high maternal and child mortality and morbidity rates in Ethiopia (2). According to the Ethiopian Demographic Health and Health Survey (EDHS) (2005), 32 percent of married women have an unmet need for FP, and only 15 percent of eligible women and girls use modern and traditional family planning methods. Evidence shows that addressing this unmet need of FP would curtail the death of 13,000 mothers and over 1.1 million children in Ethiopia (3).

Studies conducted in sub-Saharan African countries strongly suggest that a country has to invest in long-acting (LA) and permanent methods (PM) of contraception to cost effectively meet fertility, health and development goals (3, 4). Likewise there is strong evidence to support the provision of a wide range of contraception methods. Providing a wide range of contraceptive methods improves the quality of FP and responds to the reproductive health needs of different segments of the population. In addition, a wide range of contraception methods will eventually contribute to FP program sustainability. The reality in Ethiopia, however, shows knowledge and practice of FP is highly concentrated on short-term contraception methods with limited efforts to scale-up long-acting methods (2,5). Therefore the FP method mix is non-existent, and there is a high dependence on short-term contraception. The 2005 EDHS indicates that injectables and oral contraceptive pills account for 87.8 percent of all FP methods used, while the use of long-acting methods (IUD and hormonal implants), including permanent methods, remains at only 4.1 percent (2).

Currently in Ethiopia, government health facilities are the major provider of contraceptive services (77 percent of total contraceptive services); the contribution of private medical facilities remains at 17.1 percent (2). After the fall of the former socialist regime, and the change of national economic policies, private sector participation is increasing including private clinics located in urban and semi-urban areas. There is an increased need to tap the capacity of the private health sector to provide major public health services, such as FP and STI services. Private sector inclusion in the national health system will significantly contribute to achieving the government's ambitious reproductive health goals of reaching a contraceptive prevalence rate (CPR) from 15 percent in year 2005 to 60 percent at the end of 2010 (6).

Cognizant of this, the USAID/PHSP in Ethiopia conducted this assessment in 29 towns of three major regions (Oromia, Amhara and SNNP) and Dire-Dawa City Administration. This rapid assessment aimed to collect relevant information that the project will use to design FP and STI strategies and interventions. These strategies and interventions will be integrated into the package of services offered at private partner clinics. Accordingly, the study solicited data on regional and town level public-private partnerships regarding the provision of FP and STI services, particularly the contribution of service provision from private clinics. Information was gathered about public-private sector collaboration in training, supervision, and systems building, including access to FP/STI commodities and logistics. The study also identified the availability of a wide range of FP and STI services in private, public and NGO facilities and attempted to gauge the extent to which referral networking and reporting linkages exist. This study used both quantitative and qualitative data collection methods. The information gathered from different sources was analyzed and interpreted to represent main findings and generate a set of

recommendations in support of the project's quest to design strategic, evidence-based approaches to ensure the quality of FP/STI services in private health facilities.

2. OBJECTIVES

2.1 GENERAL OBJECTIVE

To assess the availability and level of FP/STI services integration into the private and public health facilities in Amhara, Oromiya, and SNNP regions, and Dire Dawa City Administration, and to design appropriate strategies for further intervention.

2.2 SPECIFIC OBJECTIVES:

1. To assess the availability and level of integration of FP/STI programs in the package of clinical services offered at private health facilities
2. To identify private and public health facilities, civic organizations and NGOs that provide FP/STI services
3. To assess access and demand of FP/STI services for different segments of the population
4. To identify target groups of FP and STI services in the study area
5. To explore the existence of policies and programs concerning the integration of FP/STI services in private clinics
6. To explore the roles of the private and public sectors in the provision of FP/STI services
7. To identify referral hospitals and health facilities for permanent contraceptives

3. METHODS AND MATERIALS

3.1 STUDY SITES

The study was conducted in selected towns of Amhara, SNNP, and Oromia Regional States and Dire-Dawa City Administration. The study towns selected are all PHSP mobile HIV counseling and testing (HCT) service intervention sites. Nine towns were assessed in the Oromia National Regional State: Haromaya, Hirna, Chiro, Shashemen, Bule Hora, Yabelo, Moyale, Woliso, and Jimma. All the study towns serve as seats for the Zonal Administration and are inhabited by large populations. Some towns are cash crop areas with large numbers of migrant daily laborers and others contain factories, universities, colleges and other institutions. These towns are among the emerging cities in the nation, and all have a high concentration of bars and hotels.

In Amhara Regional State, 14 towns were assessed. The study towns in this region included Gondar, Woreta, BahirDara, Enjibara, Fenote-Selam, Dangila, Chagni, Bure, DebreMarkos, Woldiya, Dessie, Bati, Kombolcha and Kemissie. These towns are among the fastest growing towns in the region and have strong administrative and social services such as secondary and tertiary schools, government offices, private clinics and small-scale industries.

In SNNPR, the study focused on towns located on the two highways from Shashemene to Arbaminch and Moyale. Five towns were assessed along these two routes; Hawassa, Dilla, Boditi, Sodo, and Arbaminch. These towns are cash crop areas that attract migrant daily laborers from different

Finally, Dire Dawa City Administration was included. Dire Dawa is one of the biggest administrative and economic cities in the country and is located along the route commonly known as the “Dire-Dawa to Djibouti high-risk corridor”. Dire Dawa was selected because it has a large population and is frequently visited by long-distance truckers, inter-city bus drivers, and cross-border businessmen.

3.2 DESIGN, STUDY PARTICIPANTS AND SAMPLING PROCEDURES

A qualitative, cross-sectional survey was conducted during the period of July 06-17, 2010. The study participants included key informants and focus group discussants from Regional Health Bureaus, Zonal and Town Health Offices, service providers from private/NGO and public health facilities, community based service providers, clients of FP/STI services, members of women’s associations and youth. Key informants from Zonal and Town Health Offices who were assumed to have adequate knowledge of FP/STI services were purposefully selected. Most of these participants were heads or delegates of the FP or STI departments in the study Zonal or Town Health Offices.

In the 29 study towns, 16 private and 13 public health facilities were included for record review and interviews of the service providers. To select private health facilities for assessment, we used simple random sampling. For towns with more than one private health facility, one of the facilities was selected by lottery. Service providers who were working in the FP/STI departments of facilities during the data collection period participated in the interview.

Eight FGDs were conducted among clients of FP/STI services; four among members of women’s associations and four among youth club members. To see the different socio-cultural barriers of FP/STI service utilization, FGDs among clients were conducted in venues along the different routes/corridors.

To represent the different corridors, Bahir Dar, Dessie, Dire Dawa, Jimma, Arbaminch, Shashemene and Moyale were selected for FGDs. Clients who sought services from the FP departments of selected health facilities were interviewed. Large towns were selected for the FGD among youth and women's associations. These included: Jimma, Arbaminch, Shashemene, Moyale, Dire Dawa, Dessie, Kombolcha, Debreworkos and Bahir Dar. After discussion with the heads of the youth clubs and/or women's associations, participants were selected who were assumed to have adequate knowledge of FP/STI. Each FGD was conducted in a convenient room of a health facility or Town Health Office. All the FGDs were tape-recorded and each FGD lasted about 60-90 minutes.

3.3 DATA COLLECTION

Data management and analysis: FGDs, in-depth interviews and record reviews using checklists were used to collect the necessary data. For the in-depth interviews, representatives from Regional Health Bureaus, Zonal health desks, Woreda Health Offices and community service providers were included. Record reviews using checklists and interviews with service providers were conducted in selected public and private health facilities. The FGD among clients, youth, and members of women associations were conducted using FGD guidelines developed by the principal investigator and revised by the PHSP technical team members. These guidelines included topics such as the availability and utilization of different FP methods and STI services; the demand for and unmet need of FP methods; the ability and willingness to pay for FP methods and STI services; and barriers of FP and STI to service utilization. The data collectors were trained professionals who hold graduate degrees in public health and social sciences.

All interviews and discussions were translated and transcribed from local languages into English. The transcribed data were commented on by the principal investigator and given to the data collectors. After careful review by the principal investigator, key categories and themes were identified, based on the objectives of the study. The data were interpreted and presented verbatim. The quantitative data were analyzed using Excel and results were presented using tables and graphs.

3.4 DATA QUALITY CONTROL

The questionnaires were developed after a literature review. PHSP staff commented on the questionnaires. A rigorous one-day training was given to data collectors. The questionnaires were pretested in Bishoftu and Dukum towns and amendments were made to questions that were found to be too vague. The principal investigators and PHSP staff strictly supervised the data collection. Transcriptions of the data were checked and comments were given to data collectors regarding vague and incomplete ideas.

3.5 ETHICAL CONSIDERATIONS

Before the data collection period started, the Regional Health Bureaus were communicated with about the purpose of the study. Letters of support were obtained from the Regional Health Bureaus and PHSP staff and sent to the study sites. The objectives of the study were explained to the study participants and verbal consent was obtained from individual respondents and FGD participants.

3.6 LIMITATIONS OF THE STUDY

The study used various data collection methods to triangulate findings. However, the study has several limitations: due to lack of records, it was impossible to assess the demographic and social characteristics of the target groups of FP/STI services. Also due to incomplete or absent records, the study could not substantiate the FGD and in-depth interview results concerning FP and STI service utilization. Unmet need of FP was assessed based on the history of shortages of various FP methods. This assessment used limited quantitative methods (a record review) and thus, the real magnitude of unmet need was not assessed in this study. Based on the information solicited from the health centers (HCs) and private

clinics, the study attempted to identify referral sites for permanent contraceptive methods. However, service provision and the willingness of referral hospitals to accept referred patients were not assessed. Finally, the selected health facilities may not be representative of all health facilities in each region.

4. RESULTS

4.1 FINDINGS FROM THE SOUTHERN NATIONS, NATIONALITIES AND PEOPLE REGION (SNNPR)

SNNPR is the third largest region in Ethiopia, after Oromia and Amhara regions. According to the 2007 national census (1), the region's population is 15,042,531, of which, a total of 3,499,236 (23.2 percent) are estimated to be women of reproductive age (15-49 years), while adult men, between 15-59 years old accounted for 3,510,676 (23 percent) of the total population.

4.1.1 STUDY TOWN FP AND STI TARGET POPULATION

The total population in the study towns of SNNPR was estimated to be 569,896, of which, women of reproductive age constituted 23.2 percent (n= 132,213). Men between the ages of 15-59 accounted for 132,785 (23.3 percent) of the total population. (Table-1)

TABLE 1- TARGET POPULATION FOR FP/STI SERVICES IN THE STUDY TOWNS OF SNNPR, JULY, 2010

Name of town	Distance from Addis Ababa	Estimated total population	Eligible women (15-49 years) *	Eligible men (15-59 years)*
Arbaminch	505	81545	18918	19000
Sodo	390	83655	19407	19491
Boditi	360	30162	6997	7028
Hawassa	271	283000	65656	65939
Dilla	359	91534	21235	21327
Total		569,896	132,213	132,785

*Source: CSA, 2007

4.1.2 FP AND STI SERVICES PROFILE

This study documented the availability of reproductive health services in the public, private for profit, and NGO health facilities. In particular, the study gathered information on FP, ANC, delivery, post-natal care, HCT, STI diagnosis and treatment, and childhood immunization. According to the Town Health Offices, there were 15 public health facilities in the study towns that provided integrated reproductive health services (including FP and STI services) (Table 2). The managers of these public health facilities were interviewed. Interviewees noted that the most commonly available FP methods were oral contraceptive pills, injectables and condoms. Implants were available in eight (53 percent) of the 15 health facilities. However, only three hospitals (Arbaminch, Hawassa and Dilla hospitals) provided IUDs and permanent contraceptive methods, such as tubal ligation and vasectomy (Annex I).

TABLE 2- TYPE AND NUMBER OF PUBLIC HEALTH FACILITIES IN THE STUDY TOWNS OF SNNPR, JULY, 2010

Town	Teaching Hospital	Regional Hospital	Zonal Hospital	District Hospital	Health Centre	Health Posts/clinic
Arbaminch	---	---	---	1	2	1
Sodo	---	---	---	1	---	---
Boditi	---	---	---	---	1	---
Dilla	---	---	---	1	1	---
Hawassa	1	--	1	---	3	2
Total	1	0	1	3	7	3

The Town Health Office representatives further noted that there were a total of 43 facilities (34 private and nine NGOs) that provided FP and STI services (Table-3). The FP services of the private clinics were limited to oral contraceptive pills and injectables. Of the 34 private health facilities, only nine (26 percent) offered implants. The NGO clinics had a better FP method mix and provided contraceptive pills, injectables, condoms, IUDs and implants. Both private and NGO facilities provided STI diagnosis and treatment services. No permanent contraception methods were provided in either type of facility. Other reproductive health services, for instance, ANC, delivery, and post-natal services, were only provided in three of the four NGO clinics, namely, Marie Stopes, Catholic Clinic, and FGAE. Mekane-yesus provided short-term contraceptive methods (pills and injectables). Catholic Clinic provided no modern FP services (Annex II).

TABLE 3- TYPE AND NUMBER OF PRIVATE/NGO FACILITIES IN THE STUDY TOWNS OF SNNPR, JULY, 2010

Town	Private hospital	Higher Clinic	Medium Clinic	Lower Clinic	NGO clinic
Arbaminch	---	---	6	2	1
Sodo	---	2	1	6	2
Boditi	---	---	---	2	---
Dilla	----	5	3	---	3
Hawassa	3	2	2	--	3
Total	3	9	12	10	9

Key informants from Town Health Offices underlined the significant contribution of drug outlets (pharmacies and drug venders) to FP and STI services. There were a total of 29 drug outlets (17 pharmacies and 12 drug venders/stores) in the study towns. According to the informants, both pharmacies and drug venders distributed short-term contraception (pills, condoms and injectables) and STI drugs to their clients. None of the drug outlets had long-acting contraception (IUDs and implants) available at their facilities.

TABLE 4- TYPE AND NUMBER OF DRUG OUTLETS IN THE STUDY TOWNS OF SNNPR, JULY, 2010

Town	Pharmacy	Drug Vender/Store
Arbaminch	6	1
Sodo	1	4
Boditi	---	5
Dilla	3	---
Hawassa	7	2
Total	17	12

4.1.3 AVAILABILITY OF FP/STI TRAINED PERSONNEL AND SERVICE UTILIZATION

This study attempted to document the availability of trained personnel, FP methods mix, and service utilization in four randomly selected health facilities (three private and one public) in Arbaminch, Boditi, Sodo and Dilla towns. Each of the assessed facilities had a minimum of one health worker with FP training (Table 5). The interviewed health practitioners reported that none of them had participated in refresher training on FP or STI in the last year, with the exception of one provider from the Boditi health center. One provider had taken refresher training on syndromic management of STI (also from the Boditi health center).

TABLE 5- AVAILABILITY OF TRAINED HUMAN RESOURCES FOR FP SERVICES, SNNPR, JULY, 2010

Name Health facility	Type of facility	Number of health workers who have basic FP training					Total
		Doctors	Nurses	Health officers	Pharmacy technicians	Laboratory technicians	
Botidi Health center	Public	0	2	0	0	0	2
Enyat medium clinic, Sodo	Private	1	1	1	0	0	3
Abaya Poly clinic, Arbaminch	Private	0	1	1	0	0	2
Selam higher clinic, Dilla	Private	1	2	0	0	0	3

In an attempt to assess utilization of FP services, records from the selected health facilities were checked. From the four selected facilities, only two had records on FP services from the last year prior to the survey (July 2008 to 2009 facility report). The records provided indicated that Depo-provera was the most commonly used method of contraception at the Boditie facility, and condoms were the most commonly used method at the facility in Sodo. None of the four assessed facilities provided IUDs because of unavailability of trained personnel and equipment. Information from the Town Health Office affirmed that only hospitals had services to provide IUDs (Annexes I and II).

The service providers at public health facilities indicated that married women predominately utilized their services. Youth and single women made up the majority of private clinic clients. This was consistent with information solicited from interviews with single women and youth who reaffirmed that they often sought FP/STI services from private clinics and NGO facilities due to the perception of confidentiality and privacy at these facilities. Some of the interviewed clients cited weekend and off-hour services at private clinics as more convenient and attract people who would otherwise not use FP/STI

services. As noted by one interviewed client, “adolescents and young people are reluctant to use FP/STI services in public health facilities for fear of being seen by someone from their neighborhood and are ashamed to share sensitive issues with older providers working at the public health facilities.”

4.1.4 PUBLIC PRIVATE PARTNERSHIP IN FP AND STI SERVICES

The assessment indicated that the Zonal Health Departments in SNNPR had the mandate to distribute free FP commodities such as pills, injectables, condoms, implants and IUDs to the Town Health Offices. With government support, the Zonal Departments and Town Health Offices obtained long-acting contraceptives such as implants from the NGO Ipas. Ipas also had an extensive program in abortion care. The Town Health Offices in turn, distributed FP commodities to public health facilities. Most of the Zonal Health Departments in the study did not distribute IUDs due to lack of trained health professionals at the site of service delivery. The Zonal Health Departments also provided training related to FP and HIV/AIDS and conducted supervision for the Woreda and Town Health Offices twice a year. Unlike FP commodities, drugs for STI treatment were purchased by the public health institutions from the Ethiopian Pharmaceutical Company, beginning a year prior to the survey. Informants from both the public and private facilities indicated weak links and lack of collaboration and support between the government and private facilities.

The private facilities need support in terms of capacity building, access to free commodities for FP/STI service delivery and technical assistance, including supervision, follow-up and external quality assurance. Information solicited from one private health facility indicated that private facilities also lacked support from NGOs in terms of commodity distribution, capacity building and supervision. Private facilities obtained FP commodities from DKT-Ethiopia with subsidized prices and STI drugs and laboratory reagents from the free market, often from small, private retailers and pharmaceutical import/export companies. The informant, however, noted that occasionally there was supervision by the Town Health Offices. The source also indicated that no private clinics submitted reports of FP and STI service provision to the government office. Conversely, Town Health Offices supported the public health facilities by conducting regular supervision and providing feedback. The public health facilities sent in monthly reports to the Town Health Offices.

The respondents from the Zonal Health Departments and Town Health Offices, service providers who were interviewed from public and private facilities, and clients who participated in FGDs emphasized the need for active involvement of the private sector in the provision of FP/STI services. All respondents strongly felt that the private sector could increase FP/STI service accessibility to different segments of the population. Nonetheless, the informants noted that private health facilities should specifically, support capacity building, supervision, and supply of commodities to consistently deliver effective and sustainable services to their clients. It was also indicated that working manuals and monitoring and evaluation systems should be in place and practiced to create a sustainable partnership between public and private facilities. Informants added that development partners should support the government and the private sector in capacity building, and supply of long-acting FP commodities as well as taking a lead role in establishing the monitoring and evaluation systems of the program.

4.1.5 FP/STI MANAGEMENT INFORMATION SYSTEM

The health management information systems related to FP/STI services were weak in all of the study towns. Despite their great ambition to work with the private health facilities, none of the Zonal Health Departments had a working policy or service delivery guidelines concerning the integration of FP/STI services in the private facilities. Reporting and recording on FP/STI services were also weak in all the study Town Health Offices and health institutions. The main problems related to reporting were reporting delays and incomplete records. Most of the health facilities submitted reports one week after the deadline. Even private facilities that submitted FP/STI reports every three months to Town Health Offices, submitted inconsistent, late and poor quality reports due to lack of standardized formats. Most

of the public and virtually all of the private health facilities lacked standardized records for FP/STI services for the entire year prior to data collection.

4.1.6 DEMAND FOR FP AND STI SERVICES AND IEC/BCC MATERIALS

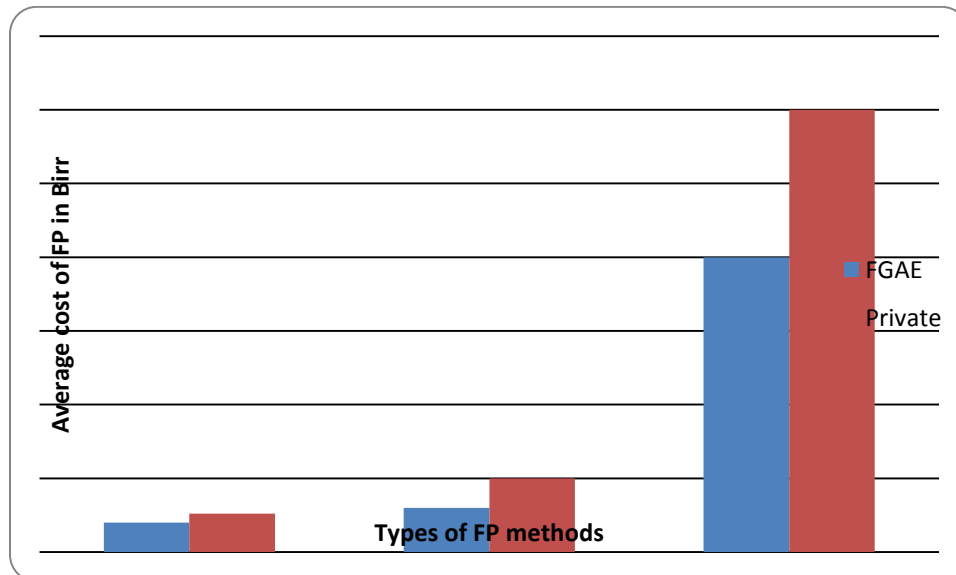
None of the Zonal Health Departments had the capacity to develop IEC/BCC materials to satisfy the FP/STI information need of clients. The Zonal Health Departments obtain IEC/BCC materials from the Regional Health Bureau, some NGOs such as DKT Ethiopia, and the Federal Ministry of Health. The IEC/BCC materials obtained from these sources, however, were not an adequate amount for all health facilities in each Woreda.

The demand for injectables was very high in the study towns. According to sources from various facilities, women appreciate that they can easily hide this form of contraception from their husbands who are not supportive of family planning. The informants further noted that other methods such as oral contraceptive pills were hard to take without being noticed or required male involvement, like condoms. There was a relatively moderate demand for long-acting contraceptives such as implants, but very low demand for permanent methods (vasectomy and tubal ligation). There was limited awareness about permanent methods of contraception, and these services were not readily available in the study towns. Long-acting contraceptives and permanent methods were not provided in most of the private health centers due to a shortage of commodities and trained human resources. However, long-acting contraceptives and permanent methods were available in the referral hospitals such as Arbaminch, Hawassa, and Dilla Hospitals. It was indicated that the cost of client referral to a big town such as Arbaminch, Sodo, Hawassa, or Dilla was affordable by clients living near to the big towns. According to a key informant, there was high demand for STI services among adolescents and young people, particularly females. The informants, however, noted that these target groups often preferred youth centers, NGOs and private facilities for these services, for the perceived confidentiality and privacy of those facilities. Providers at both private and public facilities cited frequent stock-outages of reagents for STI diagnosis and essential drugs like doxycycline.

4.1.7 CLIENTS' WILLINGNESS TO PAY FOR FP AND STI SERVICES

FP services were given free of charge in the public health facilities however, most service providers and service users believed that clients had the capacity and willingness to pay for STI and FP services. Respondents indicated that FP services at the private and NGOs facilities were considered to be affordable by most clients. Adolescents and youth were willing to pay for and could afford the costs for FP/STI services at private clinics. A 17 years old boy said, *"Nowadays, adolescents have many sources of income and can afford to pay for FP services...If they can afford Khat chewing and drinking, why not for FP/STI services?"* The records reviewed in the selected facilities showed that the cost of oral contraceptive pills and injectables at FGAE clinics was Birr 3 and 2, respectively. The average cost of pills and Injectables in private clinics were 2.5 and 5 Ethiopian Birr respectively. The implants cost 40 Birr per service at private clinics, which is twice the cost of the service offered from FGAE. Figure 1.

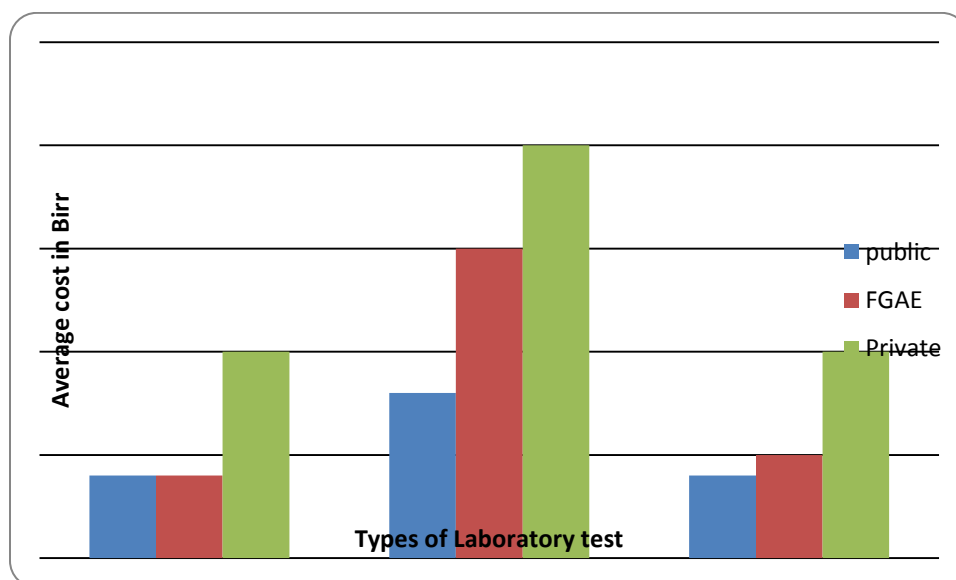
FIGURE-1. THE AVERAGE COST OF DIFFERENT FP METHODS IN PRIVATE FACILITIES AND FGAE, IN SNNPR, JULY 2010



4.1.8 STI LABORATORY DIAGNOSTIC SERVICE FEES

Key informants including Town Health Office Managers, Zonal Health representatives and private clinic owners were asked about the cost of services for STI laboratory diagnosis. They believed the cost for laboratory diagnosis (urine analysis, VDRL and gram stain) at private facilities was twice the cost of these services at public health facilities (Figure 2).

FIGURE 2- AVERAGE COST OF COMMON LABORATORY INVESTIGATIONS IN PUBLIC, PRIVATE, AND NGO FACILITIES IN SNNPR



4.1.9 BARRIERS TO USE OF FP AND STI SERVICES:

This study identified the main barriers of FP/STI service utilization. Across all the study towns, there was a widely- spread rumor that long-acting contraceptives (implants and IUD) could cause *permanent sterility/infertility*. The other widely circulated belief is that contraception such as pills could cause serious side effects, particularly rashes on the face. Spousal disagreement about family planning was also a universal barrier across all the study towns. Culturally, a woman who could not give birth, was not respected by the society. Infertility was considered a curse by society in all of the study towns. Inadequate education, information and counseling on long-acting and permanent methods of contraception were believed to be the major cause for these rampant misconceptions. In most of the private and public facilities, there was no FP method mix. Long-acting methods, in particular were lacking. Low awareness of the availability of STI services and frequent stock outages of drugs and laboratory reagents were cited as major barriers for low utilization of facility-based STI services.

4.2 FINDINGS FROM THE OROMIYA REGION

Oromia National Regional State is the largest region in Ethiopia, and is located in the central part of the country, with an area of 366,910 square kilometers. The region has a total population of 27,158,471; of which, women of reproductive age (15-49 years) and sexually active men (age 15-59) constitute 6,009,918 (22.1%) and 6,389,190 (23.5%) of the total population respectively (1).

The total population of the study towns was estimated to be 558,492 of which 123,887 (22.1%) were women of reproductive age and 131,478 (23.5%) were adult men (15-59 years). Jimma and Shashemene have the largest groups of women of reproductive age and adult men of the age group 15-59 years (Table-7).

TABLE-7- TARGET POPULATION FOR FP AND STI SERVICES IN NINE TOWNS OF OROMIYA REGION, JULY, 2010

Name of town	Estimated total population	Eligible Women (age 15-49 years)	Eligible men (age 15-59 years)
Jimma	144,369	31,906	33,926
Woliso	45,331	10,018	10,652
Shashemene	136,906	30,256	32,173
Hirna	24,453	5,852	5,746
Chiro	40,274	8,900	9,699
Haromaya	18,297	4,043	4,300
Bule Hora	78,000	17,238	18,330
Yabelo	22,073	4,878	5,187
Moyale	48,789	10,782	11,465
Total	558,492	123,873	131,478

Source: CSA, 2007

4.2.1 FP AND STI SERVICES PROFILE

This study identified several public, private, and NGO health facilities and relatively large drug outlets (pharmacies and drug vendors). Most of these facilities had a wide range of reproductive health services such as FP, STI diagnosis and treatment, ANC, immunization, and HIV counseling and testing (Annex IV). According to the information solicited from the town health offices, there were 27 governmental health institutions that provide integrated reproductive health services to target populations (Table 8). Injectables and pills were the major FP methods being used by clients in public health facilities. From the total government health facilities, 20 (74%) provided implants; however, frequent stock outages of Implanon were cited as the main reason for its low uptake. The data solicited from different facilities indicated that IUDs and permanent methods were not given by all the study health centers, due to lack of trained health professionals. A wide range of FP contraception (condoms, oral contraceptive pills,

Implanon and IUDs) as well as permanent methods of contraception were available in hospitals in Jimma, Shashemene, Chiro, and Bule-Hora. All the public, private, and NGO facilities provided STI diagnosis and treatment services for the year prior to the survey (Annex IV).

TABLE 8- TYPE AND NUMBER OF PUBLIC HEALTH FACILITIES IN OROMIYA REGION, JULY, 2010

Town	Teaching Hospital	Regional Hospital	Zonal Hospital	District Hospital	Health center	Health post	Other governmental institutions clinics
Jimma	1	-	-	-	3	2	6
Woliso	-	-	-	-	1	-	-
Shashemene	-	-	1	-	3	-	-
Hirna	-	-	-	-	3	-	-
Chiro	-	-	1	-	1	-	1
Haromaya	-	-	-	-	1	-	-
Bule-Hora	-	-	-	1	1	-	-
Yabello	-	-	-	-	1	-	-
Moyale	-	-	-	-	1	-	-
Total	1		2	1	15	2	7

The study gathered information on the engagement of private and NGO health facilities in the provision of reproductive health services. There were a total of 48 private facilities, including one general hospital, 13 higher clinics, 23 medium clinics and 11 lower clinics. There were 12 NGO health facilities in the study towns (Table-9). As shown in annex IV, 5 of 13 higher clinics offered four contraceptive methods (pills, condoms, injectables and Norplant) while 13 facilities (1 higher clinic and 12 medium clinics) offered three methods (pills, condoms and injectables); and 7 of the 12 lower clinics provided pills and injectables to their clients. According to key informant interviews, private clinics obtained family planning commodities and other logistics from DKT social market, the national pharmaceutical import/exporters and local pharmacy shops. Saint Luke General Hospital in Woliso town and six NGO clinics including FGAE and Marie Stopes clinics were better equipped with an appropriate family planning method mix (oral contraceptive pills, condoms, injectables, implant and IUD). Private health facilities had a limited FP method mix with a focus on short- term contraception (injectables, pills and condoms). All of the private and NGO facilities provided STI diagnosis and treatment services through laboratory facilities. The NGO clinics were better equipped than those of the private facilities to provide these services. All the private facilities in big towns such as Jimma, Shashemene and Chiro provided other reproductive health services such as ANC, delivery and child immunization (Annex-V).

TABLE 9-TYPE AND NUMBER OF PRIVATE AND NGO HEALTH FACILITIES IN OROMIYA REGION, JULY, 2010

Town	Private/NGO hospital	Higher clinics	Medium clinics	Lower clinics	NGO clinics
Jimma		4	2	-	3
Woliso	1	1	3	2	2
Shashemene	-	6	6	-	2
Hirna	-	-	-	3	-
Chiro	-	1	1	-	3
Haromaya	-	-	6	-	-
Bule-Hora	-	1	3	-	1
Yabello	-	-	1	6	1
Moyale	-	-	1	-	-
Total	1	13	23	11	12

In the nine study towns there were 82 drug outlets --19 pharmacies and 63 drug vendors (annex VI). The respondents noted that drug outlets contributed immensely to FP methods distribution; especially pills, condoms and injectables. None of these drug outlets stocked IUDs or implants at the time of the survey. The informants also noted that private pharmacies and drug vendors were the main sources for STI drugs.

TABLE 10- TYPE AND NUMBER OF DRUG OUTLETS IN STUDY TOWNS OF OROMIYA REGION, JULY, 2010

Town	Pharmacy	Drug vendor/store
Jimma	4	33
Woliso	2	10
Shashemene	4	5
Hirna	-	4
Chiro	3	3
Haromaya	-	6
Bule-Hora	5	-
Yabello	1	1
Moyale		1
Total	19	63

4.2.2 AVAILABILITY OF FP/STI TRAINED PERSONNEL AND SERVICE UTILIZATION

According to the service providers, lack of health professionals trained in FP/STI services was the major problem of both the public and private facilities. A total of 12 health personnel had basic training on FP in the nine facilities (Table-I I).

TABLE 11- BASIC TRAINING OF FP, OROMIYA REGION, JULY, 2010

Name Health facility	Type of facility	Number of Health Workers with Basic Training on FP					Total
		Doctors	Nurses	Health officers	Pharmacy technicians	Lab technicians	
FGAE, Jimma	NGO	1	2	0	0	0	3
Hirna HC	Public	0	0	0	0	0	0
Chiro FGA	NGO	0	1	0	0	0	1
Meta clinic, Borena	Private	0	0	0	0	0	0
Bule Hora HC	Public	0	4	0	0	0	4
Moyale HC	Public	0	2	1	0	0	3
Haromya HC	public	0	0	0	0	0	0
Woliso HC	Public	0	0	0	0	0	0
Shashemene HC	public	0	0	1	0	0	1
Total		1	9	2	0	0	12

A total of 19 health workers (15 from the public and four from the private health facilities) had attended a refresher training course on FP/STI services in the nine selected health facilities in the last year prior to the survey (July 2009 to June 2010). Public health facilities were better supported with training and

supervision than the private facilities. Six health workers in Shashemene, Woliso and Hirna health centers had received STI syndromic management training in the last year prior to the survey. However, none of the health workers in the selected private facilities had training on STI syndromic management.

Records from the selected health facilities showed that injectables and pills were the most commonly used FP methods. Only a few clients chose implants in the health centers and FGAE clinics. None of the assessed health facilities provided IUDs or permanent FP methods (Table 12). Service providers in the assessed health facilities mentioned multifaceted reasons for the low utilization of long-acting methods. The frequently cited reasons include: a) lack of community awareness on the advantage of long and permanent contraceptives, b) lack of trained health personnel and c) shortage of long-acting FP commodities.

TABLE 12- NUMBER OF FP CLIENTS AND CHOICE OF CONTRACEPTIVE METHOD IN ASSESSED FACILITIES (JULY 2008-JUNE 2010)

Town	Name of facilities	Ownership	Injectables	Oral contraceptive Pills	Condom	Implant	IUD
Jimma	FGAE	NGO	10,080	599	25,152	207	21
Hirna	Hirna HC	Govt	1,300	401	16	18	NS
Chiro	FGAE	NGO	8,158	11,599	283	15	---
Yabelo	Meta meta clinic	Private	NR**	NR	NR	NR	NA*
Bule Hora	Bule Hora HC	Govt	2,535	1,490	880	NA	NA
Moyale	Moyale HC	Govt	1,345	1,009	458	SN	NA
Haromaya	Haromaya HC	Govt	3,390	2,730	1,015	17	NA
Woliso	Woliso HC	Govt	6,610	911	1,127	158	NA
Total	---	---					

** NR=No record; *NA=No Record Available; NS=No Service Provided

FGDs among clients and youth revealed that injectables, condoms, and pills were the most commonly used FP methods in most of the public health facilities. Most of the FP clients in the health centers were married and older women. In big towns like Jimma, adolescents commonly used emergency contraceptive pills and sometimes condoms. However, only a few preferred public health facilities as a source of emergency contraception pills. Most preferred the private facilities for perceived confidentiality and privacy. The respondents believed adolescents and youth were at increased risk of STI and HIV because of Khat chewing and alcohol abuse. As noted by a 21 year-old FGD participant, “In big towns like Jimma, a significant number of young people practice unprotected casual sex and use emergency contraception pills to prevent unwanted pregnancy.”

Though there was no documentation, service providers believed that a significant number of clients used the STI services offered in the public health facilities. The providers noted that because of a fear of stigma and a perceived lack of confidentiality at public facilities, most STI patients preferred to seek treatment from youth centers and private facilities or traditional healers. Youth, in particular, mentioned that public health facilities might expose their health conditions to their families, as these facilities are the most utilized in the community.

The types of contraceptives offered in the private facilities were similar to those offered by public health facilities. Injectable contraceptives were widely used in the private facilities. Due to lack of trained health professionals and commodities, most private clinics did not provide long-acting or permanent contraceptive methods. Most clients preferred to utilize private facilities for FP/STI services. Interviewed

clients, youth and service providers indicated that the FP/STI service in the private clinics was more convenient as the services were given relatively quickly and the flexibility of working hours at these sites increased service accessibility. Though there was a limited FP method mix, most private clinics tried to integrate FP methods, particularly short-term ones, with the general clinical services. The same was true with STI diagnosis and treatment, which was readily available in most private clinics.

4.2.3 PUBLIC PRIVATE PARTNERSHIP IN FP/STI SERVICES

The Zonal Health Departments distributed free FP commodities to the Town and Woreda Health Offices and occasionally to the FGAE clinics. The Zonal Health Offices also supervise the Town and Woreda Health Offices twice a year and facilitate trainings. NGOs, such as Ipas, FGAE and Last 10 Kilometers (L-10 K), provided long-acting FP commodities to the Zonal and Town Health Offices. Ipas was also involved in post-abortion care in the Woredas of Oromiya region. The Town Health Offices distributed FP commodities to the public health institutions and provided technical support and review meetings to these facilities. Neither the Zonal or Town Health Offices had strong links with the private health facilities. Private facilities did provide FP and STI services by purchasing commodities from DKT Ethiopia and the national regional pharmaceutical import/exporters, or the local drug retail outlets in the towns (Annex VI). The private facilities did not have adequate support from the government or NGOs concerning capacity building, supervision, or quality assurance. The Zonal and Woreda Health Office representatives, however, strongly supported integration of FP/STI services into the package of clinical services offered at private facilities. The informant from Woliso Health Centre underlined the need for support from collaborating agencies to foster the contribution of the private sector by ensuring sustainable FP and STI services in the private clinics.

Representatives from the Zonal and Town Health Offices indicated that PHSP could support the private and government facilities in the following areas: supply of FP/STI commodities, training of health workers particularly those in the private health facilities, and monitoring and evaluation of FP/STI programs in facilities. It was pointed out that the government should set policies and guidelines for the implementation of FP/STI services in the private clinics. Private facilities could deliver FP and STI services based on these policies and guidelines and regularly report to the Town Health Offices.

4.2.4 THE FP/STI MANAGEMENT INFORMATION SYSTEM

The FP and STI management information system was weak in the study zones and towns. Technical and managerial support of Zonal Health Offices was inconsistent for various reasons, including shortage of trained staff. Most of the public health facilities submitted incomplete and untimely reports to the Town Health Offices. Informants from Town Health Offices noted that few private health facilities submitted reports every three months. Data recording and reporting in general were not standardized, and data were not being used for decision-making at the Town Health Offices.

4.2.5 DEMAND FOR FP/STI SERVICES AND IEC/BCC MATERIALS

None of the Zonal Health Departments was staffed with personnel capable of developing IEC/BCC materials. Shortages of educational materials were observed in the public and private health facilities. The Regional Health Bureaus could not meet the IE/BCC material needs requested from Town and Woreda Health Offices.

The demand for injectable contraceptives was very high in most of the study towns. Interviewed service providers and clients revealed that significant numbers of clients prefer implants and IUDs in Yabelo, Moyale, and West Harerge. There were few facilities providing Implanon and none of the district-level facilities (health centers, health posts and private clinics) provided IUDs or permanent FP methods (Annex V). All short-term and long-acting contraceptives, including permanent methods, were available in referral hospitals in Jimma, Shashemene, Bule Hora and Chiro towns. In most of the study towns, the

demand for IUDs and permanent contraceptives was low as a result of lack of information and counseling of clients about these methods.

The demand for STI services was high in some towns, for example, Yabelo and Moyale. According to health practitioners at Moyale Health Centre, the burden of STI in the town was high, and on average, ten patients per day were being diagnosed and treated for STIs. Similarly, in Yabelo Health Centre, providers claimed a high burden of STIs, especially among young girls and women. The informants in both towns noted that most STI patients did not seek early treatment in health facilities due to lack of information on the availability of modern medicine. As a result, most patients tried traditional medicine prior to seeking services from health facilities.

4.2.6 CLIENTS' WILLINGNESS TO PAY FOR FP AND STI SERVICES

Key informants and FGD participants believed that target groups were willing and able to pay for FP and STI services in public and private clinics. They further noted that the cost of FP services at private clinics was affordable to low-income target groups. The average cost of injectables and implants in the private clinics was estimated to be 5 Ethiopian Birr (ETB) per cycle and 20 ETB for implants (Figure-3). Participants in FGDs believed that the cost for STI laboratory investigation was three times higher in the private clinic than in the public health facilities (Figure 4).

Even if clients at Moyale and Yabelo towns were willing to use long-acting and permanent contraception, they would have to travel over 200 kms to reach Bule Hora referral hospitals. Adding the costs of travel to the costs of the services may render these services unaffordable to them.

FIGURE 3-AVERAGE PRICE OF FP METHODS IN PRIVATE FACILITIES AND FGAE CLINICS IN OROMIYA, JULY, 2010

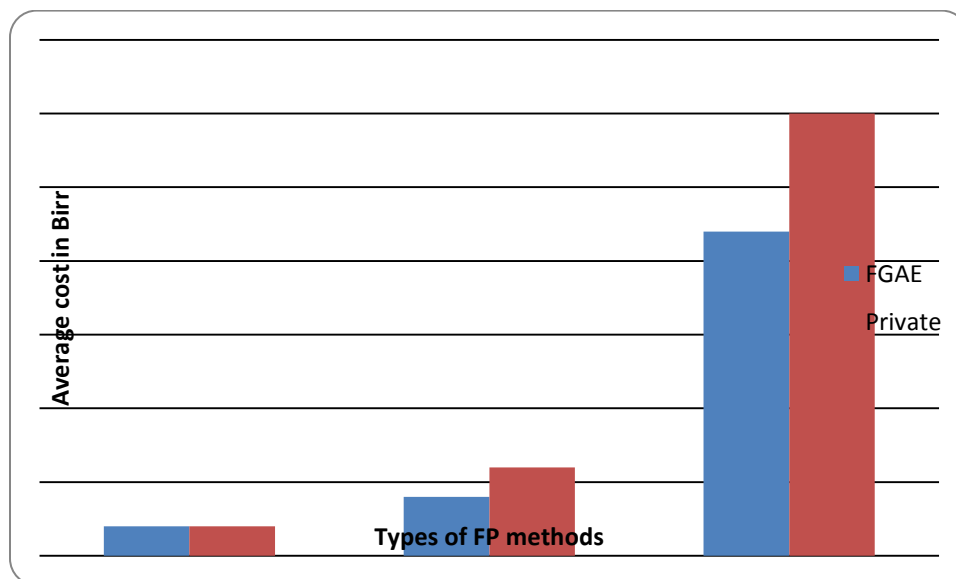
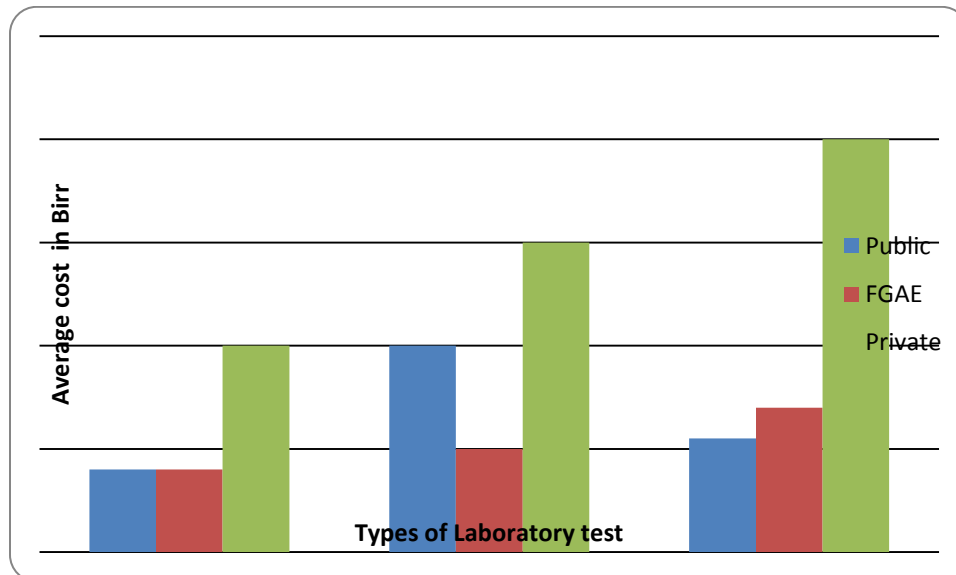


FIGURE 4- AVERAGE PRICE OF LABORATORY TESTS IN PUBLIC, NGO AND PRIVATE FACILITIES, JULY 2010



4.2.7 BARRIERS TO FP/STI SERVICE UTILIZATION

There were several factors impeding FP/STI service utilization in the study towns of Oromia region. The most frequently observed barrier was husbands' disagreement or disapproval of their wives' use of FP. Another barrier to service utilization was due to widely spread rumors and misconceptions, especially in Moyale, Yabelo and West Harerge, that implants and IUDs cause infertility. Pills and injectables were incorrectly linked with undesired health outcomes, like skin rashes, gastritis and hypertension.

4.3 FINDINGS FROM AMHARA REGION

Amhara National Regional State is the second most densely populated region in Ethiopia located in the northern part the country. The region has an estimated total population of 19,113,127 (1). Amhara National Regional State is administratively divided into 10 zones, with one special zone, 118 Woredas and 32,000 peasant associations and kebeles. According to the Amhara Regional Health Bureau, the region has 17 government hospitals, 135 health centers, and 1,700 health posts (1).

As indicated in Table 13, the total population of the study towns was estimated to be 911,201 of which 221,320 were women of reproductive age and 239,214 were adult men in the age group of 15-59 years. The study towns, particularly Gondar, Debremarkos, Bahir Dar, Dessie and Kombolcha, had large populations of women of reproductive age and adult men (15-59 years) who were eligible for FP and STI services.

TABLE-13- TARGET POPULATION FOR FP/STI SERVICES IN STUDY TOWNS OF AMHARA REGION, JULY 2010

Name of town	Estimated total population	Eligible women (15-49 years)	Eligible men (15-59 years)
Gondar	173,962	40,881	44,186
Woreta	45,126	10,604	11,462
Bahir Dar	182,676	42,928	46,399
Dangila	39,589	9,303	10,055
Chagni	30,613	7,194	7,775
Enjibara	26,635	6,259	6,765
Bure	42,723	10,039	10,851
Finote-Selam	28,794	6,766	7,313
Debre-Markos	70,857	16,651	17,997
Woldia	53,320	12,530	13,543
Kombolcha	94,440	22,193	23,987
Dessie	80,008	18,801	20,322
Kemissie	34,670	8,147	8,806
Bati	38,401	9,024	9,753
Total	911,201	221,320	239,214

Source: CSA, 2010

4.3.1 FP AND STI SERVICES PROFILE

The study towns in Amhara region had several public, private and NGO health facilities providing a wide range of reproductive health services, particularly FP, STI diagnosis and treatment, ANC and HCT (Annexes VII-IX). A total of 72 governmental health institutions (three teaching hospitals, two zonal hospitals, two district hospitals, 27 health centers, 20 health posts, and 18 other governmental facilities) were identified in the 14 towns (Table-14). These public health facilities provided comprehensive reproductive health services including FP, STI, ANC, delivery, post-natal and immunization services. Most of the health centers provided implants but none provided IUDs or permanent FP methods. An appropriate FP method mix with a range of short-term and long-acting methods, including permanent methods, was available in five hospitals in Gondar, Bahir Dar, Finote-Selam, Debre-Markos, and Dessie towns (Annex VII). The public health facilities obtained the FP commodities and logistics from the Regional and Zonal Health Offices free of charge. Aside from government support, Blue Star and Ipas provided training on FP and STI services to the health workers in the public health facilities of the study towns in Amhara region. Ipas and Blue Star also had been distributing long-acting family planning contraceptives, particularly implants to the public health facilities. The study, however, identified that patients who were diagnosed at public health facilities were supposed to buy drugs for STI treatment from local pharmacies and drug stores.

TABLE-14 TYPE AND NUMBER OF PUBLIC HEALTH FACILITIES IN AMHARA REGION, JULY 2010

Town	Teaching hospital	Regional hospital	Zonal hospital	District hospital	Health center	Health post	Other governmental institutions clinics
Gondar	1	--	--	--	5	--	2
Woreta	1	--	--	--	1	3	--
Bahir Dar	1	--	--	--	2	--	1
Dangila	--	--	--	--	1	5	--
Chagni	--	--	--	--	1	1	--
Enjibara	--	--	--	--	1	2	1
Bure	--	--	--	--	1	4	--
Finote-Selam	--	--	--	1	1	--	--
Debre-Markos	--	--	1	--	2	--	5
Woldia	--	--	--	--	1	1	--
Kombolcha	--	--	--	--	3	--	4
Dessie	--	--	1	1	6	1	4
Kemissie	--	--	--	--	1	3	1
Bati	--	-	-	-	1	--	--
Total	3	0	2	2	27	20	18

The study documented the availability of private and NGO health facilities in the study towns. These facilities provided reproductive health services integrated into the package of clinical services offered. As indicated in the table below, a total of 112 private clinics (four General Hospital, 17 higher clinics, 66 medium clinics and 25 lower clinics) and 11 NGO facilities (including FGAE and Marie Stopes) were identified (Table-15). Of the total private health facilities, 107 (95 percent of total) provided at least one method of contraception; 14 facilities (four higher clinics, nine medium clinics and one lower clinic) provided four contraceptive methods (pills, condoms, injectables and implants); 63 (11 higher clinics, 39 medium clinics and 13 lower clinics) provided three forms of contraception (pills, condoms and injectables); and four general private hospitals had a better FP mix, availing all short and long acting methods. Of the total 11 NGO clinics, seven offered all short and long-acting FP methods (oral contraceptive pills, injectables, condoms, IUDs and implants) and the other four facilities offered all methods except IUDs. FGAE and Marie Stopes clinics accounted for a large share of the NGO facilities and had an appropriate FP method mix in place. This assessment also identified that none of the assessed private and NGO facilities had permanent methods of contraception available. According to key informants from the Town Health Offices and health facilities, all private clinics provided STI diagnosis and treatment, though laboratory services were better equipped at general hospitals, higher clinics and NGO facilities (a detailed list of facilities and FP method mix offered is given in Annex VIII).

TABLE 15-TYPE AND NUMBER OF PRIVATE AND NGO HEALTH FACILITIES IN AMHARA REGION

Town	Private hospitals	Higher clinics	Medium clinics	Lower clinics	NGO clinics
Gondar	--	2	13	1	2
Woreta	-	-	7	1	-
Bahir Dar	-	3	6	2	2
Dangila	-	-	3	1	-
Chagni	-	1	2	2	-
Enjibara	-	-	3	-	-
Bure	1	2	-	1	-
Finote-Selam	-	-	2	2	-
Debre-Markos	-	2	5	2	3
Woldia	-	-	6	2	-
Kombolcha	-	-	4	-	2
Dessie	3	7	12	-	2
Kemissie	-	-	1	8	-
Bati	-	-	2	3	-
Total	4	17	66	25	11

Availability of retail drug outlets was essential to distribute FP and STI commodities and drugs for continuation of services. This study identified 110 drug outlets (36 pharmacies and 74 drug vendors) in the 14 study towns of the Amhara region (see Table 20 for drug outlet distribution). All private pharmacies in Gondar town sold four methods of contraception (oral contraceptive pills, condoms, injectables and implants) while the rest of the assessed private pharmacies and drug vendors/shops were selling three types of contraception (pills, condoms and injections) and none of them had IUDs. Similarly, all private pharmacies and drug vendors sold antibiotics for the treatment of STI infections (refer to Annex X for information on the number and geographic distribution of drug outlets and type of service they offer in relation to FP and STI services).

TABLE 16- TYPE AND NUMBER OF DRUG OUTLETS IN THE STUDY TOWNS OF AMHARA REGION, JULY, 2010

Town	Pharmacy	Drug vendor/store
Gondar	8	-
Woreta	-	6
Bahir Dar	8	6
Dangila	5	-
Chagni	-	10
Enjibara	-	4
Bure	-	3
Finote-Selam	1	4
Debre-Markos	2	7
Woldia	1	11
Kombolcha	-	1
Dessie	7	12
Kemissie	-	6
Bati	4	4
Total	36	74

4.3.2 AVAILABILITY OF FP/STI TRAINED PERSONNEL AND SERVICE UTILIZATION

Basic and refresher trainings are a crucial component of good quality FP/STI services. To get better insight on the type of FP and STI trainings and support and the overall service utilization, the assessment team randomly selected five private and six public health facilities in 10 of the 14 study towns. Each of the studied private and public health facilities had at least one health provider who had basic training on FP. Some of the government health centers, such as Debremarkos, Chagni and Woldia, had more than two staff trained on both FP and STI (Table 17).

TABLE 17- AVAILABILITY OF TRAINED HUMAN RESOURCES FOR FP SERVICES, AMHARA REGION, JULY, 2010

Name of health facility	Type of facility	Number of health workers who have basic FP training					Total
		Doctors	Nurses	Health officers	Pharmacy technicians	Lab technicians	
Debremarkos HC	Public	0	4	0	0	0	4
Admas medium clinic, Bahir Dar	Private	1	1	1	0	0	3
Genet medium clinic, Injibara	Private	1	2	0	0	0	3
Dr. Melaku medium clinic, Finoteselam	Private	1	1	0	0	0	2
Dangila HC	Public	0	4	1	0	0	5
Woreta HC	Public	0	2	1	0	0	3
Chagni HC	Public	0	6	3	0	0	9
Kemissie HC	Public	0	1	0	0	0	1
Wollo higher clinic	Private	No data					
Woldia HC	Public	0	2	2	0	0	4
Hayat medium clinics, Kombolcha	Private	1	2	0	0	0	3

The study attempted to document the availability of refresher course training for updating and improving the technical skills of providers. A total of 21 health workers (20 public and one private) had refresher training on FP one year prior to the data collection. A total of 14 health workers in the public facilities had training on syndromic management of STI in the one year prior to the survey. Of the six selected public health facilities, five had at least one health worker trained on syndromic management of STI (Debremarkos Health Center was lacking). On the other hand, a total of four health workers from three of the five selected private clinics had similar syndromic management training. FP/STI trainings were provided by Blue Star and Ipas, in collaboration with the Town Health Offices in the study towns. Private providers did not benefit from this government training but received training support by other collaborative agencies.

The information solicited from service providers in the public health facilities revealed that most of their FP clients were married, adult women. Interviewed providers further noted that a large proportion of their clients utilized injectables, followed in popularity by oral contraceptive pills. Only a few FP clients, (mostly educated, urban dwellers), utilized long-acting FP methods. Of these methods, Implanon was most popular. The demand for Implanon was also high among married women with two or more children (Table 18). Most of the clients chose short-term FP methods, particularly injectables, followed in popularity by oral contraception pills and condoms. A few clients used long-acting methods, particularly Implanon, and only one client received an IUD in our one-year reporting period. The study

also noted that half of the public health facilities studied, did not use standardized data recording and reporting formats.

TABLE 18- NUMBER OF CLIENTS IN THE STUDY HEALTH CENTERS OF AMHARA REGION AND TYPES OF FP METHODS UTILIZED (JULY 2008 TO JUNE 2009)

Town	Types of contraceptives					Total
	Injectables	Pills	Condoms	Implants	IUDs	
Debremarkos Health Center	7585	2243	2590	235	1	12654
Dangila Health Center	6317	4085	1643	306	0	12654
Woreta Health center	5122	1427	No record	27	0	6576
Chagni Health center						6275*
Kemisse Health center						NR**
Woldia Health center						7343*

*No separate records for each FP methods, **NR=no records

Record reviews from the private clinics indicate that injectables and pills were the most commonly used FP methods. Some clients used Implanon; however, service providers mentioned a shortage of trained health professionals as the main reason for the low utilization of implants. None of the assessed private clinics provided IUD services in the last government fiscal year (July 2008 to June 2009). None of the assessed clinics had standardized recording and reporting forms; and none reported to Town Health Offices. The interviewed providers noted the lack of technical support (training and supervision) and access to FP commodities and laboratory reagents as main reasons for the insufficient FP method mix at their facilities and the low utilization of FP services by clients.

TABLE 19-NUMBER OF CLIENTS WHO ACCESSED PRIVATE CLINIC FP SERVICES AND FP METHOD UTILIZED (JULY 2008 TO JUNE 2009)

Private Facility	Types of contraceptives					Total
	Injectables	Pills	Condom	Implants /Implanon	IUD	
Selam clinic, Gondar	422	162	NR	14	NS	584
Genet medium clinic, Injibara	194	107	0	5	NS	306
Dr. Melaku medium clinic, Finoteselam	446	52	10	5	NS	513
Yohannes clinic, Bure	NR	NR	NR	NR	NR	NR
Wollo higher clinic, Dessie	NR	NR	NR	NR	NR	NR
Hayat medium clinics, Kombolcha	900	NR	NR	NR	NR	900
Gendedyu clinic, Bati	80	20	NR	10	NS	110

NR=no record, NS =No service

The information solicited from the FGD and in-depth interviews revealed that the number of individuals who utilized condoms was very small. In most of the study towns, married individuals did not use condoms since it was considered a sign of promiscuity in the society. Likewise, public health facilities were less utilized by STI patients due to a perceived lack of confidentiality and privacy at those facilities. FP clients who participated in a FGD in Bahir Dar indicated that disclosure of STI status would result in serious conflict in a married couple. As a result, seeking early treatment and partner prevention (of disease transmission) might not be very easy to do. The respondents further noted that adolescents and youth had limited access to FP and STI services because the services at government facilities are not youth user friendly. Key informants at Town Health Offices in West Amhara noted that the burden of STI incidence was high in Gondar and East Gojjam Zones. For instance, in the last nine-month prior to data collection, public facilities in East Gojjam zones reported a total of 3,362 STI cases. The informants believed this report underestimates the total STI burden, as most patients sought treatment at private

clinics and resorted to self-treatment from pharmacies. Respondents from North Gondar also noted that STI was among the top priority public health problem.

According to key informants, adolescents and young adults were the main customers of private clinics for FP/STI services. Adolescents in the study towns were at higher risk of STI and unwanted pregnancy and frequently use FP/STI services in the private facilities. Several factors contribute to the high vulnerability of adolescents for unwanted pregnancy, STI and HIV/AIDS infection. The major factors include: low awareness about STI, absence of youth clubs that provide education and counseling, lack of youth-focused programs for University students in the big towns such as Bahir Dar, Debreworkos, Dessie and Gondar, and high abuse of Khat and alcohol.

Key informants and FGD participants noted that most of the adolescents and youth either visited NGO clinics (Marie Stopes and FGAE), or private facilities to get STI diagnosis and treatment. Good client-provider interaction, a high perception of confidentiality, and ease of access to FP/STI services were mentioned as main reasons that attract these youth clients to the FP/STI services in NGOs and private facilities compared to government facilities. Less focus to client-provider interaction at public facilities impeded youth from using the existing services. As noted by a 17 year-old boy in a FGD session, “ ‘ providers’ at government facilities treat adolescents and young girls harshly, particularly when these girls are seeking family planning services, leave alone those who are asking for abortion service.”

Most service providers at public and private facilities indicated that expansion of FP and STI services in the private facilities could have several advantages for the clients and the country as a whole. As noted by a Debreworkos health centre informant, “ *Integrating FP and STI services at private clinics enables most adolescents and youth to get access to these services, since these target groups choose the private sector for its perceived confidentiality, better services and less judgmental views.*”

4.3.3 PUBLIC PRIVATE PARTNERSHIP IN FP AND STI SERVICES

The Amhara Regional Health Bureau was responsible for providing the nationally accepted guidelines and brochures to the Zonal and Woreda/Town Health Offices and public health institutions. The Regional Health Bureau also led and organized an annual plan to increase access to contraceptive services, based on a sector wide approach. Zonal Health Departments conducted regular supervision at the Woreda level twice a year, organized trainings and facilitated review meetings to discuss the progress of FP and STI services. Most of the Zonal Health Departments lacked the capacity to develop IEC/BCC materials related to FP and STI services. However, the East and West Gojjam Zones had started to develop their own leaflets and brochures through their health education and promotion departments. There were no adequate IEC/BCC materials for the health institutions in the study areas. The Town Health Offices supervised the activities of the health institutions, organized trainings, received reports and gave feedback. Participants at the regional, zonal and district health offices as well as service providers and clients suggested that involvement of the private sector in FP and STI services could make a significant contribution to meeting the national and regional reproductive goals and expand access to quality of FP and STI services.

Involving the private sector in FP and STI services was believed to improve client satisfaction. The respondents, however, noted that private health facilities received fewer benefits from the government and other NGOs than the public facilities. A few NGOs, including Blue Star and Ipas occasionally distributed short and long acting FP methods (such as injectables and implants) at a low cost to the private clinics. Blue Star and Ipas, in collaboration with the Town Health Offices of the study towns, also provided FP and STI training to the public and private facilities. Other than these instances, private facilities had no access to adequate low cost FP commodities and logistics. Most of the private clinics purchased FP commodities from DKT Ethiopia, local pharmaceutical agencies and retailing pharmacies. Some private clinics in Wollo and Gondar towns obtained free FP commodities from Marie Stopes and Ipas.

4.3.4 FP AND STI INFORMATION MANAGEMENT SYSTEMS

Monitoring and evaluation of FP and STI activities were weak in all zones. The zonal and town offices conducted monitoring and supervision activities in the public health facilities, but private clinics were rarely considered for town health technical support supervision. According to the Town Health Offices, most public health facilities submitted their FP and STI reports, however, their reports were often incomplete, untimely and inconsistent. Very few private facilities or NGOs sent their reports every three months to the town offices. Most of the private and public institutions were not familiar with the standardized recording and reporting forms. Only a few private facilities had records of FP and STI activities from the last government fiscal year (July 2008 to June 2009).

4.3.5 DEMAND FOR FP AND STI SERVICES AND IEC/BCC MATERIALS

IEC/BCC materials were not adequately available to satisfy the needs of the clients in all assessed zones and Town Health Offices. Providers at both public and private health facilities indicated lack of adequate IEC/BCC materials. The demand for FP services was high in all study towns.

A high proportion of FP clients chose injectables followed by oral contraception. The demand for long acting contraception especially implants, had been increasing in major urban towns and among educated women. The respondents, however, noted that there were several misconceptions affecting the use of Implanon, for instance, there was a wide spread rumor in Gondar and Wollo that connected Implanon with wasting, numbness and chronic pain to hands. Clients in a FGD session cited that implants should not be used by women engaged in laborious work, especially rural women who are active with domestic and field work. There was very limited knowledge on permanent contraception as its availability was limited to referral and teaching hospitals in Debremarkos, Finoteselam, Bahir Dar, Gondar, Dessie and Kombolcha towns.

Despite the high demand, there were shortages of injectables in the private clinics. As a result of lack of trained health professionals, long-acting contraceptives such as implants and IUDs were not given in most of the private facilities or the public health centers. Public and private facilities that had trained staff to offer implants to clients frequently faced stock outages and could not meet the demand for this service.

According to respondents, the demand for STI services was increasing in some towns including North Gondar, East Gojjam and North Wollo, particularly for private sector services. The private sector contribution to STI diagnosis and treatment had increased, though the private facilities faced challenges getting training, technical support, reagents and drugs.

4.3.6 CLIENT WILLINGNESS TO PAY FOR FP AND STI SERVICES

Interviewed service providers and clients agreed that FP services were not so costly, compared to the benefit gained in averting unplanned pregnancy and its consequences. The respondents also noted that they believed the cost of pills, injectables, condoms and implants was affordable to low-income women. The cost of FP services (fees for FP methods and laboratory services) in private and NGO is illustrated in Figures 5 and 6.

FIGURE 5-AVERAGE COSTS OF FP METHODS IN PRIVATE FACILITIES AND FGAE IN AMHARA REGION, JULY 2010

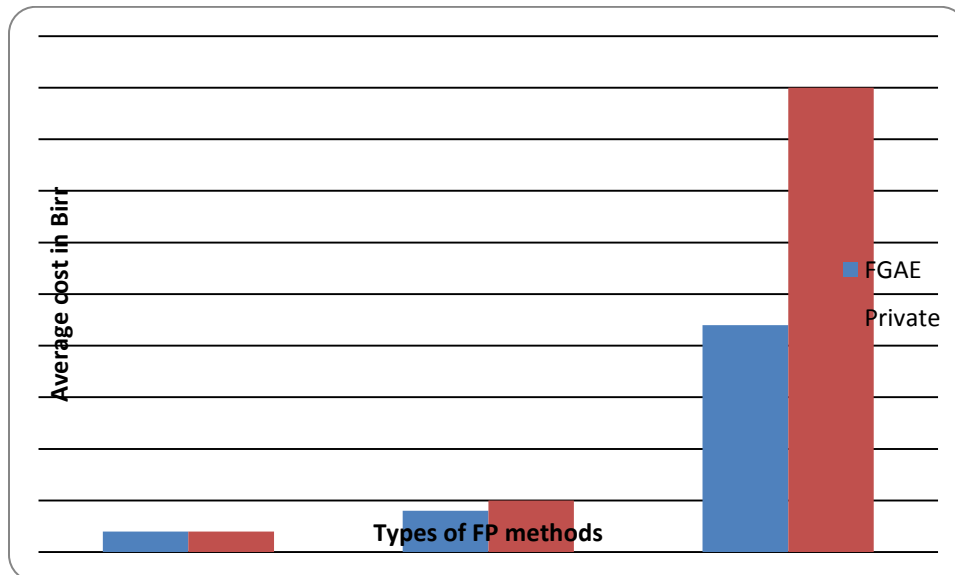
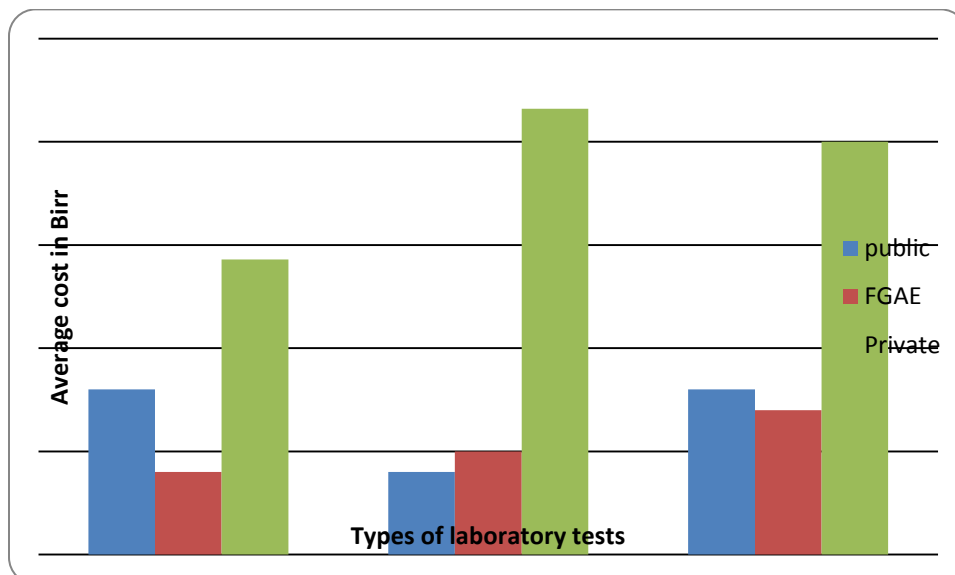


FIGURE 6-AVERAGE COSTS OF LABORATORY TESTS FOR STI IN PRIVATE AND PUBLIC FACILITIES IN AMHARA REGION, JULY 2010



Key informants and FGD participants felt that adolescents and unemployed youth couldn't afford the cost of FP and STI services in the private clinics, though they prefer private clinics for the perceived confidentiality and privacy these facilities offer. The respondents further noted that concerted efforts are needed to increase access of youth to FP and STI services. It was noted that this group is at risk of contracting STI/HIV and unintended pregnancy, especially among college girls (in Debreworkos, Bahir Dar, Gondar and Dessie towns) who have sex in return for money.

4.3.7 BARRIERS TO UTILIZATION OF FP AND STI SERVICES

Lack of awareness, particularly about long-acting and permanent contraceptive methods, was the main barrier to utilization of FP and STI services, noted in all study towns in the Amhara region. Compared to other regions, spouses more often supported FP in the study towns. However, several rumors and misconceptions hindered the use of contraception in this region. For instance, as in most of the study towns, Implanon was connected to numbness, chronic pain and wasting of the hands. The knowledge and use of permanent methods and IUDs were very low, and access to these services was limited to teaching facilities and a few referral facilities.

4.4 Findings from Dire Dawa City Administration

Dire-Dawa city administration is located 565 kilometers from Addis Ababa. A diverse population inhabits the town, containing different ethnic and cultural backgrounds. The estimated total population is 308,827.

Dire Dawa is one of the largest administrative and economic cities in the country. The town is located along the route commonly known as the Dire-Dawa to Djibouti “high-risk corridor”. This town was selected because of its large population and potentially large FP and STI target groups. It has an estimated 94,515 eligible women for FP and 100,750 adult men (15-59 years) eligible for STI services. The town also contains other potential target groups for FP and STI services, such as adolescents, female commercial sex workers (CSWs), day laborers, and cross border merchants (1).

4.4.1 FP AND STI SERVICE PROFILE

Dire Dawa had several public, private and NGO health facilities that provided a wide range of reproductive health services. The town had one public hospital and 15 health centers providing comprehensive reproductive health services such as FP, STI diagnosis and treatment, ANC, delivery, child immunization and HCT (Annex X). Almost all the health centers provided contraceptive pills, injectables, and implants. However, only five of the health centers offered IUDs. Dilchora Hospital provided an appropriate FP method mix, including pills, condoms, injectables, implants, IUDs, and tubal ligation.

TABLE 20- LIST OF PUBLIC HEALTH FACILITIES IN DIRE DAWA BY TYPE, JULY 2010

Type of Public Health Facility	Number
Hospitals	1
Health centers	15
Other governmental clinics	6
Total	22

The town had 28 private facilities (four private hospitals, five higher clinics and 19 medium clinics) and two NGO clinics, namely FGAE and Marie Stopes. Private clinic FP services were limited to short-acting methods (pills, condoms and injectables), while the two NGOs provided a combination of short and long-acting methods, including oral contraceptive pills, injectables, condoms, implants and IUDs. This study found that none of the private and NGO facilities provided permanent methods of contraception. Of a total of 28 private clinics, 21 of them provided STI diagnosis and treatment services (Please refer Annex X for detailed information on names, location and type of service given by private and NGO facilities).

According to information solicited from the Town Health Office, Dire Dawa had 37 drug stores/vendors that distributed different FP commodities including pills, injectables, condoms and implants. These drug outlets also distributed STI drugs such as penicillin, ciprofloxacin and metronidazole to patients from surrounding Kebeles (Annex XII).

4.4.2 AVAILABILITY OF FP/STI TRAINED PERSONNEL AND SERVICE UTILIZATION

To assess the level of training of health workers and service utilization, we selected one higher clinic and one health center to conduct interviews and observations. The private clinic had one clinical nurse who had refresher training on FP methods. The public health center had three personnel who had refresher training on FP and STI diagnosis and treatment. The selected private clinic provided only contraceptive pills, condoms and injectables but the clinic also offered STI diagnosis and treatment services. The selected health center provided pills, condoms, injectables and Norplant. None of the observed facilities had records of the FP/STI services utilized in the year.

To triangulate service utilization with the observation, we conducted in-depth interviews with the service providers from the selected facilities and FGDs among clients and youth. Information solicited from the interview and FGD indicated that most married women seeking FP services from the public and private health facilities chose injectables. Unmarried women, men and CSWs were more likely to use condoms, while most youth preferred injectables and condoms. Injectables were preferred by adolescents and youth because they took the injection once every three months, unlike pills which you have to take daily, and this method wouldn't expose them to their parents' knowledge. Youth in Dire Dawa were at higher risk of STI and HIV due to unprotected casual sex. The vulnerability of youth and adolescents to STI and HIV was expressed by a 20 year boy: *“Significant numbers of adolescents, particularly the “fire age groups” (16-18 years) use emergency pills after casual sex.”*

Most adolescents preferred NGOs like Marie Stopes and the private clinics to seek FP and STI services rather than the public facilities. Many did not trust the confidentiality of FP and STI services provided in the public health facilities.

4.4.3 PUBLIC PRIVATE PARTNERSHIP IN FP AND STI SERVICES

The Dire Dawa City Administration Health Bureau had a similar role to the Zonal Health Offices in the other regions. The Town Health Office distributed FP commodities including injectables, pills, and long-acting contraceptive methods to the health institutions, free of charge. It also conducted regular supervision and training for health workers. Private facilities in Dire Dawa had no support from the government or other NGOs. All private clinics in the town obtained FP commodities from DKT-Ethiopia at a subsidized price. The national pharmaceutical import/export companies and drug stores were the major source of STI drugs for the private facilities in Dire Dawa. The idea of involving the private sector in the provision of FP/STI services was supported by the Town Office, clients and service providers. As mentioned by a Town Health Office representative, the *“provision of fair, sustainable FP/STI services in the private sector will be an excellent strategy to fulfill the FP/STI coverage gap.”*

Interviewed health practitioners and health managers, however, stressed that close supervision of the private sector and quality assurance would be challenging for the government. The respondents indicated that PHSP is well positioned to support the government and the private facilities through capacity building, quality assurance, monitoring and evaluation.

4.4.4 FP AND STI MANAGEMENT INFORMATION SYSTEM

The health management information system related to FP/STI in Dire Dawa had several shortcomings similar to those of other regions. Most reports from public health institutions were incomplete. Socio-demographic data like age and sex were usually missing and reports were not submitted in a timely fashion. According to the information solicited from the Town Health Office, most of the private facilities lacked standardized records of FP/STI services, though they provided FP/STI services. Private clinics occasionally submitted their reports to the Town Health Office every three months, but these reports were found to be of sub-standard quality.

4.4.5 DEMAND FOR FP AND STI SERVICES

The Town Health Office lacked the capacity to develop IEC/BCC materials, but obtained adequate educational materials from the Federal Ministry of Health (FMoH) and NGOs. The demand for FP services was high in Dire Dawa. The majority of the FP clients demonstrated a high demand for injectables. The demand for implants was also increasing. Interviews with service providers and FGDs revealed that most of the counseling and educational services were focused on injectables and pills. Permanent contraceptives were a neglected FP method in the town, and many clients lacked knowledge about these methods. For example, a 20 year-old housewife said she has “*never heard of permanent methods and haven’t heard anybody using them.*”

The majority of the private facilities did not have implants and none of them had IUDs (Annex XI). There was no service for IUDs offered in the health centers due to a shortage of trained health professionals. Unlike other regions, where visiting a referral hospital requires long distance travel, Dile Chora Hospital offers long-acting and permanent contraceptives and can easily be accessed by FP clients. The study identified that there were no shortages of injectables, pills or condoms in public, private or NGO facilities.

There was high demand for STI services in Dire Dawa. The informants, however, noted that most STI patients, particularly adolescents, postpone seeking services because they find these services are not youth-friendly. Expressing the extent of the fear adolescents experience about seeking these services, the respondent stated that some adolescents even feared using the free telephone service offered by youth centers to get information and advice on STI treatment.

4.4.6 CLIENT WILLINGNESS TO PAY FOR FP AND STI SERVICES

Both adults and adolescents indicated that they were willing and able to pay for FP services. A 23 year-old youth said, “*The cost of FP and STI services is not expensive for most individuals. What people in this town want is quality and user-friendly services. In our culture, people consider free services inferior.*” On average, for simple laboratory investigations, STI patients have to pay as much as 40 ETB, an exorbitant price for most unemployed youth.

4.4.7 BARRIERS TO FP AND STI SERVICE UTILIZATION

The most frequently cited hindrances to FP service use were spouse’s disapproval for married women to go for FP and STI services, and lack of family support for adolescents to seek the same. There were no frequently heard misconceptions or rumors against FP in this region, as observed in other regions.

4.5 SUMMARY OF THE FINDINGS

SNNPR: FP methods in the private clinics were limited to condoms, contraceptive pills and injectables. Fifty-three percent of the public health facilities and 26 percent (9/34) of the private clinics provided implants in the last year prior to the survey. In spite of the moderate demand for implants, there were frequent stock shortages of Implanon at both private and public facilities. IUDs and permanent FP methods were not available in the private health facilities or health centers. Lack of FP commodities and trained health personnel were the major obstacles to the private facilities in providing long-term and permanent FP methods. Permanent FP methods, such as tubal ligation and vasectomy were available only at the referral hospitals in Arbaminch, Hawassa, and Dilla. Almost all of the private facilities provided STI diagnosis and treatment services. Most of the FP/STI clients of the private facilities were adolescents and youth. Young people preferred the private facilities due to perceived confidentiality and privacy. The partnership between the public and private health facilities was very poor. The private facilities did not get support through capacity building and supervision or feedback from the Town Health Offices. These health facilities also lacked adequate access to FP commodities from the NGOs. The study

identified several barriers to FP method utilization, including partner disagreement and misconception about FP methods. Communities living adjacent to SNNPR such as Moyale, and Yabello also believed that permanent FP methods caused permanent sterility.

Oromiya Region: The study towns in Oromiya region had a large pool of FP target groups. These towns had 27 public and 48 private/NGO facilities that provided comprehensive reproductive health services. Injectables and contraceptive pills were the most widely used FP methods in the public and private health facilities. Of the 27 public health facilities, 20 (74 percent) had been providing implants to clients. The demand for implants was high in some of the study towns such as Yabello, Moyale and West Harerge. However, there were frequent stock shortages of this FP method, indicating unmet demand for this method. Of the 48 private/NGO clinics, only 19 (39.5 percent) provided implants. IUDs and permanent contraceptive methods were not provided by the health centers or the private clinics. Permanent methods were available at referral hospitals such as Jimma, Shashemene, Chiro, and Bule Hora Hospitals. Almost all of the public and private health facilities provided STI diagnosis and treatment. However, most people did not use STI services due to lack of awareness. The public health facilities had access to free FP commodities from the Town Health Offices and some NGOs such as Ipas, and L-10K. The private facilities had been purchasing FP commodities from DKT Ethiopia. Collaboration between the Town Health Offices and the private clinics was poor. The private facilities in the study towns had little technical assistance from the Town Health Offices or from other NGOs. Most of the private clinics had not submitted reports to the Town Health Offices. Very few of them sent reports every three months, and reports sent were incomplete and inconsistent.

Several barriers to FP/STI utilization were identified in the study towns of Oromiya region. Husbands not wanting their wives to seek these services, was a universal barrier across all the study towns.

Amhara Region: In the study towns of Amhara region, there were several public (n=72) and private (n=112) health facilities engaged in the provision of comprehensive reproductive health services. The public health facilities had free FP commodities from Town Health Offices and other NGOs such as Ipas, and Blue Star. The private facilities purchased FP commodities from DKT Ethiopia. Only a few private facilities had access to free commodities from Blue Star in the last year prior to the survey. As in the other regions, injectables and contraceptive pills were the most widely used contraceptive methods. Most of the public health facilities also provided implants. Only 16 percent (18/112) of the private health facilities provided implants to their clients. IUDs and permanent methods of contraception were not available in the health centers or private clinics. The demand for injectables and implants was high, particularly among urban dwellers and educated people. However, due to the shortage of commodities and lack of trained human resources, there was unmet need of implants in all of the study health facilities. Despite the high demand, there was also a shortage of injectables in some of the private health facilities. The demand for STI services was also high. However, due to client lack of awareness, stigma and fear of the reactions of their partners, a significant number of people visited traditional healers for treatment of STIs. Collaboration and linkages between the public and private facilities in Amhara region were poor. The Town Health Offices or Zonal Health Departments did not provide technical or capacity building support to the private clinics. The reporting and recording systems of the private clinics and most of the public health facilities were poor.

Utilization of long-acting FP methods in the study towns was hampered by four major barriers: lack of awareness of the community about these FP methods; lack of long-acting FP commodities; lack of skilled manpower; and misconceptions about these FP methods. Long acting FP methods were perceived to cause wasting and numbness of hands and chronic pain.

Dire Dawa City Administration: The study identified a large pool of FP targets in Dire Dawa. The town had 22 public and 28 private health facilities that provided a wide range of FP/STI services. The public health facilities had free FP commodities from the government. The private facilities did not have easy access of FP methods from NGOs or public facilities. Most clients in Dire Dawa used injectables, however, service providers cited a trend of increased utilization of implants. Most clients in Dire were

not aware of the permanent FP methods. The demand for STI services was high in Dire Dawa. However, most youth did not seek STI services because, they reported these services were not user-friendly. Clients were willing and able to pay for FP methods. The two major barriers of FP/STI service utilization were cited as partner disagreement for married women, and parent disapproval for youth.

5. DISCUSSION

The Ethiopian Population Policy (7) and the Health Sector Development Program (HSDP)(6) documents underpinned the need for the inclusion of the private sector and NGOs in the national health system, in order to meet the government's ambitious reproductive health goals. The Ethiopian government has a crucial strategy to control the rapidly expanding population growth in Ethiopia (6, 7). Despite a policy environment conducive to the involvement of the private sector in the provision of FP and STI services, these important public health services are either haphazardly integrated or non-existent to the target population. The private clinics rarely benefit from regional resources in terms of capacity building and have no access to free contraceptive commodities or their attendant logistics. Service providers at public health facilities, however, benefit from regional training and supervision support. There is a limited framework for the inclusion of the private sector in the regional reporting system. Some private clinics provide short-term contraceptives, particularly injectables, oral contraceptive pills, and condoms. However, most of the contribution of private clinics to the national target is not well documented because these facilities are not effectively linked with the regional Health Management and Information system (HMIS). This assessment identified that currently private clinics are not using standardized data recording and reporting forms for either FP or STI services. Though the public facilities routinely collect standardized data and generate reports to be submitted to the Town Health Offices, the data generated are incomplete inconsistent and not standardized.

Currently in Ethiopia, there is a high dependency on short-term methods of contraception, particularly injectables and oral contraceptive pills. The EDHS (2) indicated that 67 percent of clients have used injectable contraceptives followed by 20 percent who have used oral contraceptive pills, while the long-acting (IUD and implants) and permanent FP methods account only 5 percent of total contraceptive users. As noted in different studies in sub-Saharan African countries, long-acting and permanent methods (LAPM) of contraceptives are effective to prevent pregnancy and are cost effective for program sustainability over time (4). Despite the support of evidence on the need to shift to LAPM and improve the FP method mix to respond to client's varying reproductive needs and satisfaction, the data collected with this assessment indicate high dependence on short acting contraceptive methods, particularly injectables, oral contraception pills and condoms. This assessment noted that public health facilities work hard to provide implants (Implanon) to their clients but frequent stockouts make it challenging to consistently provide these important services. Very few NGO clinics, including FGAE and Marie Stopes, provide implants and even fewer, IUDs. Very few private clinics have started providing long acting methods like implants, and no private clinics offer IUDs.

This assessment identified that private and NGO clinics lack access to regional and Town Health Office's FP commodities and logistics. Private clinics purchase FP commodities from the DKT social market, the national pharmaceutical import/export companies, or local pharmacies and drug vendors. However, some private facilities in South Wollo and North Gondar obtained FP commodities from Marie Stopes and Ipas and regularly report to supporting agencies on their service provision. Most of the local pharmacies and drug vendors stock oral contraceptive pills, injectables and condoms. None of these drug outlets stock IUDs while very few of them sell Implanon to their clients.

This assessment found that teaching hospitals and regional referral hospitals have a better FP method mix than public health centers and private facilities, with short and long term methods of contraception, including services for permanent methods (tubal ligation and vasectomy) available. However, access to referral services is very challenging as most of these facilities are located in the regional capitals and major urban areas, often far from most clients who reside in small towns. The teaching, referral and

district hospitals that serve as referral sites for long-acting and permanent contraception for the study towns are located in Hawassa, Dilla, Jimma, Bule Hora, Chiro, Dire-Dawa, Gondar, Bahir Dar, Debreworkos and Dessie towns. These facilities are as far as 200 kilometers from some of the study towns and are not easily accessible for FP clients.

It was indicated that utilization of STI services in the public health institutions was hampered from a widespread perceived lack of confidentiality and privacy, particularly among adolescents, youth and single women. STI patients often seek STI diagnosis and treatment from private clinics, and some resort to self-treatment from private pharmacies and drug vendors. According to information gathered, there is lack of awareness on the availability of modern medicine for effectively treating STI, especially in Oromia towns such as Moyale and Yabello. As a result, most STI patients seek treatment from traditional healers first, causing delayed treatment with modern medicine and significantly affecting the treatment outcome. The burden of STI is high in some places, for example, North Gondar and Debreworkos, where there is a large number of university students. University and college students are known to be at risk of contracting STI and unwanted pregnancy as a significant number of them practice sex in exchange for money. This information was consistent in all towns where there are universities and colleges, including Hawassa, Dilla, Jimma, Bahir Dar and Dessie. Though there is huge demand for STI services in the private clinics, this assessment found that these facilities are not equipped to effectively respond to the societal needs. Private clinics are not included in the regional and Zonal Health Office trainings and are not technically supported by local Woreda/Town Health Offices. There are virtually no other collaborative agencies that are focusing on supporting private clinics.

This study identified the presence of widespread rumors and misconceptions that hamper the uptake of FP services. In SNNPR there are rampant rumors that long-acting contraception (implants and IUD) cause infertility. There is a similar misconception in Oromia towns (Moyale, Yabello and West Hararge) that links implants with infertility. The misconception that connects LAM of contraception with wasting, numbness of the hands and chronic pain, is widespread in the Amhara region. Partner disapproval for use of FP services was commonly observed in Oromia towns, and in most study towns, injectables and oral contraceptive pills are believed to cause serious side effects including skin rashes, gastritis and hypertension. This study also identified a lack of focus on IE/BCC initiatives to bring about appropriate attitudinal changes, build awareness and address rumors and misconceptions. Such initiatives can also build awareness about long-acting and permanent FP contraception methods. In all study regions, except the Dire Dawa City Administration, there was an acute shortage of IE/BCC materials, particularly in private clinics.

Finally, very few studies indicated that charging a fee for FP services would discourage clients from using FP methods (8). In fact, several studies argued that charging a service fee for FP services will not necessarily have a negative impact in the utilization of these services (9-10). A study in Ethiopia showed that quality of service was a more important attribute than cost to maternal health services utilization (11). The cost of FP in Ethiopia is cheap and considered affordable by many clients. This is consistent to the findings of this study. Interviewed government representatives, service providers and clients agreed that there is a high demand for private clinic FP and STI services, and that these services would be affordable to the majority of the population, including adolescents and youth. The informants, however, indicated that the cost of laboratory tests for STI diagnosis in the private clinics may not be affordable at this time to the majority of the target population.

6. CONCLUSIONS

This formative study reveals that FP services are readily available in all the study towns in public, private and NGO clinics. The study, however, indicates that most of the study facilities provide a limited FP method mix to address the varying needs and reproductive ages of clients. Virtually in all the study towns, FP services are highly dependent on short-term methods of contraception, particularly on pills, injectables and condoms. The long-acting FP methods, especially IUDs, are not readily available in most of the public and NGO facilities and in all the private clinics. Permanent FP methods (tubal ligation and vasectomy) are only available in the teaching and regional hospitals of major towns, such as Hawassa, Dilla, Jimma, Bule Hora, Chiro, Dire-Dawa, Gondar, Bahir Dar, Debreworkos and Dessie. These referral hospitals are situated as far as 200 kilometers from some of study towns rendering referrals quite challenging.

Private clinics in all the study towns have FP services and usually provide short-term methods of contraception. With the exception of West and East Amhara, private clinics in all study towns lack support from the government and international and national collaborative agencies. Providers at private clinics have no access to the trainings or technical backup support offered to the public facilities from the government Regional Health Bureaus and Town Health Offices. Almost none of the private clinics collect and submit FP/STI information to the Town Health Offices. The study also identified the prevailing high demand for FP/STI services from private clinics due to the perceived confidentiality and privacy offered at these facilities. Private clinics purchase their own FP commodities from the free market, notably from DKT Ethiopia Social Marketing and from local drug vendors. However, long acting methods of contraception are absent from the local market, so private clinics have no access to methods like IUDs and Implanon. Despite the high demand for FP services, there are programmatic challenges hindering the uptake of these services: rumors attached to specific FP methods, the social value of a large family particularly in SNNPR and Oromia towns, and lack of support from husbands for FP services in most of the study towns.

Private clinics in all the study towns provide STI diagnosis and treatment services. There is strong evidence that STI services at private clinics are preferred by patients due to perceived confidentiality and privacy offered at these facilities. However, people delay in seeking treatment since most patients first resort to traditional medicine and self-treatment.

The evidence of this study indicates that there should be support to strengthen the efforts of private clinics to provide FP and STIs services. Though private clinics in the study towns have shown willingness and experience in providing FP and STIs services, they have little support (technical and managerial) from the government.

7. RECOMMENDATIONS

Based on the findings and discussion stated above, the following recommendations are forwarded for PHSP program staff and its collaborators, to increase private sector participation in delivery of quality of FP and STI services.

- PHSP should coordinate its FP and STIs services with international collaborative agencies, for instance, with Marie Stope's Blue Star project and Ipas in East and Western Amhara, respectively. A strong partnership with DKT-Ethiopia Social Marketing for distribution of FP commodities is strongly recommended to sustain FP services at the private clinics. In the interim, however, PHSP should explore the possibility of linking private clinics with government FP commodities.
- PHSP should coordinate more with Town Health Offices in supporting providers at private clinics with capacity building and ongoing technical support (supervision and monitoring). PHSP support should extend to facility-level system development, including standardization of routine data collection, compilation and reporting to government offices and in line with FMOH's existing HMIS.
- PHSP should create a strong partnership with the Town Health Offices, and the national/international collaborative agencies, particularly with Marie Stopes' Blue Star project, FGAE and Ipas. This program networking and collaboration would allow the project to avoid duplication of efforts, mobilize local human and financial resources, train personnel to build the capacity of providers at private clinics, increase access to FP contraceptive commodities, and share existing IE/BCC materials, among other benefits.
- PHSP, in close partnership with the Regional Health Bureaus and Town Health Offices, should extend time and energy to develop systems to standardize routine data collection, and data compilation and to establish reporting linkages between private clinics and government offices, in line with existing FMOH's HMIS.
- PHSP should collaborate with local partners to create demand for FP and STI services. Community and facility level IE/BCC efforts need to address the widespread rumors and deep-rooted societal values that affect service utilization. The author strongly recommends a follow-up, in-depth study focused on IE/BCC, to be used to design region-specific interventions to create demand and improve service utilization.

REFERENCES

1. Central Statistical Authority (CSA), Ethiopia: Summary and Statistical reports of the 2007 Population and Housing Census, 2010
2. CSA: Ethiopia Demographic and Health Survey 2005. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro. 2006.
3. EngenderHealth. Improving the quality and access of reproductive health care. 2009. <http://www.engenderhealth.org/our-countries/africa/ethiopia.php#quality>
4. Family Health International (FHI). Addressing the unmet need of Family planning in Africa. 2007
5. Asnake M, Walie L, Yilma M. Increasing the range of contraceptive choices in rural Ethiopia. *Ethiop.J.Health Dev.* 2006;20(2):74-78
6. Federal Ministry of Health, Ethiopia. Health Sector Development Program (HSDP III). Addis Ababa, Ethiopia, 2006
7. National Office of Population (NOP) [Ethiopia]. National programs for the implementation of the National Population Policy. Addis Ababa, Ethiopia
8. World Bank. Contraceptive Choice, Fertility, and Public Policy in Zimbabwe. The Living Standards Measurement Study Working Paper No. 109. Washington: World Bank, 1996
9. Oliver, Raylynn. 1995. Contraceptive Use in Ghana: The Role of Service Availability, Quality, and Price. The Living Standards Measurement Study Working Paper No. 111. Washington: World Bank.
10. Oliver, Raylynn. 1995. Contraceptive Use in Ghana: The Role of Service Availability, Quality, and Price. The Living Standards Measurement Study Working Paper No. 111. Washington: World Bank.
11. Kruk ME, Paczkowski MM, Tegegn A, Tessema F, Hadley C, Asefa M, Galea S. Women's preferences for obstetric care in rural Ethiopia: a population-based discrete choice experiment in a region with low rates of facility delivery. *J Epidemiol Community Health.* 2009 Oct 12.

ANNEXES

ANNEX I. LIST OF PUBLIC HEALTH FACILITIES WHICH PROVIDE FP/STI SERVICES IN THE STUDY TOWN OF SNNPR

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			I FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
Arbaminch	Arbaminch heath center	5	P, C, I, N	yes	yes	yes	yes	yes	yes	yes	sikela
	Upgrade HC	5	P,I	yes	yes	yes	yes	yes	yes	yes	Si’echa
	Arbaminch hospital	3	P, I, N, IU, tubal ligation	yes	yes	yes	yes	yes	yes	yes	Si’echa
	Serkacherk clinic	7	P, I	yes	yes						Arbaminch cherka cherk fabrica
Sodo	sodo heath center	5	P, C, I, N	yes	yes	yes	yes	yes	yes	yes	Mehal kifle ketema
Boditi	Boditi HC	5	P, C, I	yes	yes	yes	yes	yes	Yes	Yes	yes Gido boditi kebele
Dilla	Dilla heath center	5	P, C, I	yes	yes	yes	yes	yes	yes	yes	Aro welabu sefer, o46310639,ato serawit elais

¹ P=pills, C=condom, I=Injectables, IU=Intra-uterine device, N=Norplant

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			I FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	Dilla hospital	Teaching hospital	P,C, I, IU, N, tubal ligation	Yes	yes	yes	yes	yes	yes	yes	Kebele 02
Hawassa	Awassa referral hosp.	2	P, C,I,IU, N, permanent	Yes	yes	yes	yes	yes	yes	yes	Loko 0462211011
	Awassa health center	5	P.C.I.N	Yes	yes	yes	yes	yes	yes	yes	Hayke dare 0462204566
	millennium health center	5	P.C.I.N	Yes	yes	yes	yes	yes	yes	yes	Bus station 0462208313
	Tula health center	5	P.C.I.N	Yes	yes	yes	yes	yes	yes	yes	Tula kiflakitema0462200171
	Awassa agricultural clinic	7	P.C	Yes	yes	yes	yes	yes	yes	yes	Unknown
	Pepsi cola factory clinic	7	P.C	Yes	yes	yes	yes	yes	yes	yes	Unknown
	Textile factory clinic	7	P.C	Yes	yes	yes	yes	yes	yes	yes	Unknown

ANNEX 2. LIST OF PRIVATE/NGO HEALTH FACILITIES WHICH PROVIDE FP/STI SERVICES IN THE STUDY TOWN IN SNNPR

Town	Facility name	Type of facilities	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
		General hospital	FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
		Higher clinic Medium clinic Lower clinic NGO clinics		Dx & referral	Dx& RX						
Arbaminch	Abay poly clinic	3	P, I, N	yes	yes						Mehal ketema, ato kifle ketema
	Hulpo clinic	3	P,I	yes	yes						Sikala, ato hulpo
	Selam clinic	3	P,I	yes	yes						Nechsar kifle ketema
	Lante clinic	3	P, I	yes	yes						Sikela kifle ketema
	kibere clinic	3	P, I	yes	yes						Wihaminch kifle ketema
	Sura clinic	3	P, I	yes	yes						Sikela kifle ketema
	Nechsar clinic	4	P, I	yes	yes						Si'echa kifle ketema
	Enat clinic	4	P, I	yes	yes						Mehal ketema
	Merie stopes C	5	P, C, I, IU, N	yes	yes	yes	yes	yes		yes	Si'echa kifle ketema
Sodo	selam clinic	2	P, I	yes	yes						Selam kebele
	bethelhem clinic	2	P, I	yes	yes						Gido kebele

Town	Facility name	Type of facilities	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
		General hospital	FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
		Higher clinic Medium clinic Lower clinic NGO clinics		Dx & referral	Dx& RX						
	enat clinic	3	P, I,N	yes	yes						Gido kebele
	Abnet clinic	4	P, I	yes	yes						Merkato kifle ketema
	Bête seida clinic	4	P, I	yes	yes						Market sefer
	minase clinic	4	P, I	yes	yes						Fana kebele
	yosef clinic	4	P, I	yes	yes						Merkato sefer
	mathios clinic	4	P, I	yes	yes						Gido kebele
	Roboth clinic	4	P,I	yes	yes						Merkato sefer
	Merie stopes	5	P, C, I, IU, N	yes	yes	yes	yes	yes		yes	Gido kebele
	FGAE clinic	5	P, C, I, IU, N	yes	yes	yes	yes	yes		yes	Arada sefer
Boditi	yemisrach clinic	4	P, I	yes	yes						Misrak kifle ketema
	Sefere selam clinic	4	P, I	yes	yes						Timbaho sefer
Dilla	Yikma clinic	3	P, I	yes	yes						Buno sefer, abraham
	Unity clinic	3	P, I	yes	yes						Buno sefer, abraham
	Selam clinic	2	P, I, N	yes	yes		yes				Haroke sefer, dr. girma
	beza	2	P, I	yes	yes						Haroke sefer, ato mengesha
	Abinet clinic	3	P, I	yes	yes						Haroke sefer, ato girma
	Betel clinic	2	P, I	yes	yes		yes				Boyiti sefer, dr. aniwar
	Adugna clinic	2	P, I	yes	yes						Boyiti sefer, ato belete
	Fitsum clinic	2	P, I	yes	yes	yes	yes	yes			Boyiti sefer, dr.fitsum
	Merie stopes	5	P, C, I, IU, N	yes	yes	yes	yes	yes		yes	Buno sefer, ato alemu feyisa
	Catholic clinic	5		yes	yes	yes	yes	yes		yes	Haroke sefer, dr. calozi
	Mekane eyesus	5	P, C, I, N	yes	yes	no	no	no	no	no	Haroke sefer

[illegible]

ANNEX 3. LIST OF DRUG OUTLETS WHICH SELLS FP COMMODITIES OR STI DRUGS IN THE STUDY TOWNS OF SNNRP

Name of town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs* for STI				
								Pen	Cip	Met	Ot	
Arbaminch	Arbaminch pharm	yes	yes	yes				yes	yes	yes	yes	Mehal ketema
	Arbaminch drug store	yes	yes	yes				yes	yes	yes	yes	Mehal ketema
	Red cross pharma	yes	yes	yes				yes	yes	yes	yes	Dil fana kebele
	Nechsar pharm	yes	yes	yes				yes	yes	yes	yes	Si'echa kile ketema
	Bemnet pharm	yes	yes	yes				yes	yes	yes	yes	Si'cha kifle ketema
	Mihiret pharm	yes	yes	yes				yes	yes	yes	yes	Sikela kifle ketema
	Elshaday pharm	yes	yes	yes				yes	yes	yes	yes	Meneharia sefer
Sodo	yohanis pharm	yes	yes	yes				yes	yes	yes	yes	Gido kebele
	Yonas drug vender	yes	yes	yes				yes	yes	yes	yes	Gido kebele
	Brihan drug vender	yes	yes	yes				yes	yes	yes	yes	Gido kebele
	Amanuel drug vender	yes	yes	yes				yes	yes	yes	yes	Gido kebele
	Selam drug vender	yes	yes	yes				yes	yes	yes	yes	Selam kebele
Boditi	Agaro drug vender	yes	yes	yes				yes	yes	yes	yes	Timbaho sefer

Name of town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs* for STI				
								Pen	Cip	Met	Ot	
	Kidus gebrail drug vender	yes	yes	yes				yes	yes	yes	yes	Misrak kifle keteme
	Dawit drug vender	yes	yes	yes				yes	yes	yes	yes	Misrak kifle ketema
	Redait drug vender	yes	yes	yes				yes	yes	yes	yes	Misrak kifle ketama
	Abenezer drug vender	yes	yes	yes				yes	yes	yes	yes	Mirab kifle ketema
Dilla	Brook pharm	yes	yes	yes				yes	yes	yes	yes	Boyiti sefer, ato belete
	Dilla pharm	yes	yes	yes				yes	yes	yes	yes	Birada sefer, habtamu
	Hikma pharma	yes	yes	yes				yes	yes	yes	yes	Buno sefer, ato negash
Hawassa	Kibru pharm	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Alpha pharm	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Gtachew drug ven	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Hadiss Hiwot Pharm	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Chembella pharm	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Sheferaw Drug vendor	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Asseer pharm	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Liben Pharm	yes	yes	yes				yes	yes	yes	yes	Address not known by town office
	Bet abreham Pharm	yes	yes	yes				yes	yes	yes	yes	Address not known by town office

ANNEX 4. LIST OF PUBLIC HEALTH FACILITIES IN THE STUDY TOWNS OF OROMIYA REGION

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other gov. clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
Jimma	Jimma health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Bossa kito kebele
	Kefitegna 2 health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Hirmata merkato
	Mendera Kochi H.C	5	P,C	yes	yes	yes	yes	yes	yes	yes	Mendera kochi
	Jimma U.S.H.	1	P, C,I, IU, N, tubal ligation and vascetomy	yes	yes	yes	yes	yes	yes	yes	Ginjo kebele
	Jiren health post	6	P,C	yes	yes	yes	yes	yes	yes	yes	Jiren kebele
	Setosemero H.P	6	P,C	yes	yes	yes	yes	yes	yes	yes	Settto semero kebele
	Jimma zone police clinic	7	P,C,I	yes	yes	yes	yes	yes	yes	yes	Bossa kitto kebele
	J. zone prison clinic	7	P,C,I	yes	yes	yes	yes	yes	yes	yes	Mendera kochi
	South west Command hospital	7	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	Bossa Adis ketema

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other gov. clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	TTC clinic	7	P,C,I	yes	yes	yes	yes	yes	yes	yes	Ginjo
	J.U students clinic	7	P,C,I	yes	yes	yes	yes	yes	yes	yes	Ginjo kebele
	Coffe plantation clinic	7	P,C,I, N	yes	yes	yes	yes	yes	yes	yes	Hawitu Semera
	Wolisso	Wolisso health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes
Shasemane	Shasemane referral hos	2	P, C,I, IU, N, tubal ligation and vasectomy	yes	yes	yes	yes	yes	yes	yes	Kyera seffer
	Abesto health center	5	P, C,I, IU, N	yes	yes	yes	yes	yes	yes	yes	0461100554
	Bulchanna health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Bulchina seffer
	Awasho health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Awasho seffre
Hirna	Hirna health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Hirna 02 kebele
	Debeso health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Hirna 01 kebele
	Tullo health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Tullo kebele
Chiro	Chiro hospital	3	P, C,I, IU, N, tubal ligation	yes	yes	yes	yes	yes	yes	yes	Chiro town
	Chiro health center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Chiro town
	Chiro police clinic	7		yes	yes	yes	yes	yes	yes	yes	

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other gov. clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
Haramaya	Haramaya HC	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	01
Yabello	Moyale HC	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	01 kebele, s/r meraina
Moyale	moyale heath center	5	P, I, N	yes	yes	yes	yes	yes	yes	yes	Ato abat, 02 kebele
Bule Hora	Bulle hora heath center	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	01 kebele, s/r meraina
	Bole-Hora hospital	3	P, C,I, IU, N, tubal ligation, vasectomy	yes	yes	yes	yes	yes	yes	yes	

ANNEX 5. LIST OF PRIVATE FACILITIES IN THE STUDY TOWNS OF OROMIYA REGION

Town	Facility name	Type of facilities	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
		General hospital	**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
		Higher clinic Medium clinic Lower clinic NGO clinics		Dx & referral	Dx& RX						
Jimma	Jimma higher clinic	2	P,C, I	yes	yes	yes	yes	yes	yes	yes	Hawitu Mendera
	Bicossar H.Clinic	2	P	yes	yes	yes	yes	yes	yes	yes	Hirmata mentena
	Africa medium clinic	3	P	yes	yes	yes	yes	yes	yes	yes	Hirmata mentena
	Gibe Higer clinic	2	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Bossa Kittu
	Universal Midium clinic	3	P,C	yes	yes	yes	yes	yes	yes	yes	Bossa kitto
	Dr Gerbi H. clinic	2	P,C	yes	yes	yes	yes	yes	yes	yes	Ginjo gudera
	FGAE	5	P, C,I, IU, N	yes	yes	yes	yes	yes	yes	yes	Hawitu mendera
	Merie stopes	5	P, C,I, IU, N	yes	yes	yes	yes	yes	yes	yes	Hawitu Mendera
	Missionary of charity hospital	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Setto semera

Town	Facility name	Type of facilities	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
		General hospital	**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Higher clinic	Dx & referral						
		Medium clinic									
		Lower clinic									
		NGO clinics									
Woliso	Woliso Medical center	2			Yes						02
	Kiya clinic	4			yes						02
	Mati medium clinic	3			yes						04
	Simale clinic	3			Yes						01
	Gibe clinic	3			Yes						02
	Hiwot clinic	4			Yes						01
	Marie stopes clinic	5	P, C,I, IU, N		Yes						02
	FGAE Clinic	5	P, C,I, IU, N		Yes						04
	St. Luke hospital	1	P, C, I, IU		yes	yes	yes	yes	yes	yes	
Shasemane	Assaume	2	P,C, I, N	yes	yes	yes	yes	yes	yes	yes	
	Fayaa	2	P, C, I, N	yes	yes	yes	yes	yes	yes	yes	Kebelle 01
	Gizaw	2	P.I.C.N	yes	yes	yes	yes	yes	yes	yes	04
	Care	2	P.I.C.N	yes	yes	yes	yes	yes	yes	yes	04
	Poly	2	P.I.C.N	yes	yes	yes	yes	yes	yes	yes	04
	Afya	2	P.I.C.N	yes	yes	yes	yes	yes	yes	yes	02
	Alfaya	3	P.C.I	yes	yes	yes	yes	yes	yes	yes	
	Koket	3	P.C.I	yes	yes	yes	yes	yes	yes	yes	02
	Rohbet	3	P.C.I	yes	yes	yes	yes	yes	yes	yes	02
	Sadu	3	P.C.I	yes	yes	yes	yes	yes	yes	yes	
	Universal	3	P.C.I	yes	yes	yes	yes	yes	yes	yes	03
	Hayti	3	P.C.I	yes	yes	yes	yes	yes	yes	yes	
	Merie stopes	5	P, C,I, IU, N	yes	yes	yes	yes	yes	yes	yes	Kebelle 04

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
		**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT		
			Dx & referral	Dx& RX							
	FGAE	5	P, C,I, IU, N	yes	yes	yes	yes	yes	yes	yes	Kebelle 04
Hirna	Donat lower clinic	4	P,c, I	yes	yes	yes	yes	yes	yes	yes	Hawitu Mendera
	Azeb lower clinic	4	P	yes	yes	yes	yes	yes	yes	yes	Hirmata mentena
	Burka debeso lower clinic	4	P	yes	yes	yes	yes	yes	yes	yes	Hirmata mentena
Chiro	Tesfa Higher clinic	2		Yes	Yes	Yes		Yes	Yes		Chiro town
	Abdi boru Midium clinic	3		Yes	Yes				Yes		Chiro town
	FGA	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Hawitu mendera
	Senti merry	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Hawitu Mendera
	Red cross Midium clinic	5	P, C,I, N	yes	yes	yes	yes	yes	yes	yes	Setto semera
Haramaya	Abdi boru clinic	3	C,P,I		Yes						01
	Jaja clinic	3	C,P,I		Yes						01
	Haro clinic	3	C,P,I		Yes						02
	Kelifa clinic	3	C,P,I		Yes						02
	Karo clinic	3	C,P,I		Yes						01
	Naftahe clinic	3	C,P,I		Yes						02
Yabello	meta clinic	3	P, I, N	yes	yes		yes				02 kebele, dr. tilahun
	Redait clinic	4	P, I	yes	yes						02 kebele,ato elaise
	Roboth clinic	4	P, I	yes	yes						02 kebele, ato boru
	Meta gefersa	4	P, I	yes	yes						01 kebele, ato alemayehu
	derartu clinic	4	P, I	yes	yes						02 kebele , derartu

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	Abba geda clinic	4	P, I	yes	yes						01 kebele, ---
	yabello clinic	4	P, I	yes	yes						01 kebele, ato bekure
	Mekane eyesus	5	P, C,I, N	yes	yes						-----
Moyale	Semir clinic	3	P, I	yes	yes						02 kebele, ato semir
Bule Hora	Teko clinic	2	P, I	yes	yes	yes	yes	yes			03 kebele, ato teko
	central clinic	3	P, I	yes	yes	yes	yes	yes			03 kebele, ato belete
	wakjira clinic	3	P, I	yes	yes						O3 kebele, ato alemu
	Betel clinic	3	P, I	yes	yes						01 kebele,
	Mekane eyesus	5	P, C,I, N	yes	yes						03 kebele, ato bati wako

ANNEX 6. LIST OF PRIVATE PHARMACIES AND SHOPS IN THE STUDY TOWNS OF OROMIYA REGION

Town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs ^{2*} for STI				
								Pen	Cip	Met	Ot	
Jimma	Welde pharmacy	yes	yes	yes				yes	yes	yes	yes	The town HO has no address
	Aman pharmacy	yes	yes	yes				yes	yes	yes	yes	The town HO has no address
	Mereb pharmacy	yes	yes	yes				yes	yes	yes	yes	Merkato
	Betel pharmacy	yes	yes	yes				yes	yes	yes	yes	The town HO has no address
	K/Mhired drug vendor	yes	yes	yes				yes	yes	yes	yes	Kochi
	Ambessa drug vendor	yes	yes	yes				yes	yes	yes	yes	Arada
	Beki drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Hirmata drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Danbel drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Glad drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Dippo drug vendor	yes		yes				yes	yes	yes	yes	Depo, Kebele, 05
	Hiwot drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address

² *Pen-penicilline, Cip-ciprofloxacin, Met-Metronidazole, Ot-other drugs

Town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs ^{2*} for STI				
								Pen	Cip	Met	Ot	
	Betehelem drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Koket drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Tsega drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Hayat drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Abdi drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Mizan drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Milkomi drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Tsinu Drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Hayue drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Matti shone drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Mati drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Biherawi drug vendor	yes		yes				yes	yes	yes	yes	The town HO has no address
	Yabisira drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Firan kori drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Abajifar drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Badiya umata pharmacy	yes		yes				yes	yes	yes	yes	The town HO has no address
	Badiya hibret pharmacy	yes		yes				yes	yes	yes	yes	The town HO has no address
	Sium drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Jiren drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
	Lina drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address
Sena drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address	
Afiya drug vender	yes		yes				yes	yes	yes	yes	The town HO has no address	
Biqiltu drug vendor	yes	yes	yes	yes				yes	yes	yes	yes	Unknown

Town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs ^{2*} for STI				
								Pen	Cip	Met	Ot	
Woliso	Yane drug vendor	yes	yes	yes	yes			yes	yes	yes	yes	Unknown
	Jimma drug vendor	yes	yes	yes	yes			yes	yes	yes	yes	Unknown
	Horizone drug vender	yes	yes	yes	yes			yes	yes	yes	yes	Unknown
	St Gebriel RDV	yes		yes				yes	yes	yes	yes	04
	St Gebriel Drugstore	yes		yes				yes	yes	yes	yes	03
	Red cross pharmacy	yes		yes				yes	yes	yes	yes	03
	Liyu Drugstore	yes		yes				yes	yes	yes	yes	02
	Tilahun drugstore	yes		yes				yes	yes	yes	yes	02
	Mati Drugstore	yes		yes				yes	yes	yes	yes	02
	Oliyad drugstore	yes		yes				yes	yes	yes	yes	01
	Gutema drugstore	yes		yes				yes	yes	yes	yes	01
	Gibe Pharmacy	yes		yes				yes	yes	yes	yes	02
Shasemane	Keti drugstore	yes		yes				yes	yes	yes	yes	01
	Medhin drugstore	yes		yes				yes	yes	yes	yes	03
	Bethel drugstore	yes		yes				yes	yes	yes	yes	02
	Nazrawe phar	yes	yes	yes	yes	yes		yes	yes	yes	yes	02 kebele
	Ayeuu phar	yes	yes	yes	yes	yes		yes	yes	yes	yes	
	Abnet pharm	yes	yes	yes	yes	yes		yes	yes	yes	yes	07 kebele
	Hawii drug ven	yes	yes	yes				yes	yes	yes	yes	02 kebele
	Amanuell drug vendor	yes	yes	yes				yes	yes	yes	yes	
	Saron drug vendor	yes	yes	yes				yes	yes	yes	yes	
	Letti drug vendor	yes	yes	yes				yes	yes	yes	yes	02 kebele
	Selam drug vendor	yes	yes	yes				yes	yes	yes	yes	
	catholic pharmacy	yes	yes	yes				yes	yes	yes	yes	04 kebele
Hirna	Tullober drug vendor	yes	yes	yes			yes	yes	yes	yes	yes	02 kebele
	Zemen Tadesse drug vendor	yes	yes	yes			yes	yes	yes	yes	yes	02 kebele
	Belachew drug	yes	yes	yes			yes	yes	yes	yes	yes	02 kebele

Town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs ^{2*} for STI				
								Pen	Cip	Met	Ot	
	vendor											
	Samueil drug vendor	yes	yes	yes			yes	yes	yes	yes	yes	02 kebele
Chiro	Benti pharmacy	yes	yes	yes			yes	yes	yes	yes	yes	Chir town
	Oda bultu drug shop	yes	yes	yes			yes	yes	yes	yes	yes	>>
	Shalom pharmacy	yes	yes	yes			yes	yes	yes	yes	yes	>>
	Haliman drug vendor	yes	yes	yes			yes	yes	yes	yes	yes	>>
	Chercher pharmacy	yes	yes	yes			yes	yes	yes	yes	yes	>>
	Abadir Drug shop	yes	yes	yes			yes	yes	yes	yes	yes	>>
Haramaya	Hiwot drug v	yes	yes	yes			yes	yes	yes	yes		02
	Adelle drug v	yes	yes	yes			yes	yes	yes	yes		02
	Beza Drug v	yes	yes	yes			yes	yes	yes	yes		01
	Haro drug v	yes	yes	yes			yes	yes	yes	yes		02
	Biftu drug v	yes	yes	yes			yes	yes	yes	yes		02
	Iman drug v	yes	yes	yes			yes	yes	yes	yes		01
	Betel drug store	yes	yes	yes				yes	yes	yes	yes	02 kebele,
	Meta gefersa pharma	yes	yes	yes				yes	yes	yes	yes	01 kebele, ato alemayehu
Bule Hora	Teko pharm	yes	yes	yes				yes	yes	yes	yes	01 kebele, ato teko
	wakjira pharm	yes	yes	yes				yes	yes	yes	yes	03 kebele , ato alemu
	Odda pharma	yes	yes	yes				yes	yes	yes	yes	02 kebele, ato odda
	Geda pharm			yes				yes	yes	yes	yes	01 kebele, ato bizuneh
	Beteseb pharma	yes		yes				yes	yes	yes	yes	03 kebele, ato tizazu
Moyale	Rural drug vendor	Yes						Yes	Yes			

ANNEX 7- LIST OF PUBLIC HEALTH FACILITY IN STUDY TOWNS OF AMHARA REGION

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
Gondar	Gondar Teaching hospital	1	P, C, I, IU, N, tubal ligation, vasectomy	yes	yes	yes	yes	yes	yes	yes	Kebele 18 /Lideta/ Tele-0581110174
	Gondar health center	5	P,C,I,N	yes	yes	yes	yes	yes	yes	yes	Kebele 4, Tele-058-111 0654
	Teda health center	5	P,C,I,N	yes	yes	yes	yes	yes	yes	yes	Teda Kebele, Tele-058-448 0001
	Azezo health center	5	P,C,I,N	yes	yes	yes	yes	yes	yes	yes	Kebele 20 Tele-058-114 2190
	Maraki health center	5	P,C,I,N	yes	yes	yes	yes	yes	yes	yes	Kebele 18 Tele-058- 112 2936
	Woleka health center	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Woleka Keble Tele-0918 789810 Ato kassa
	Dashen Beer Factory clinic		I, P		yes	yes	yes	yes	yes	yes	Kebele 19

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	Pepsi cola factory clinic	7	I, p		yes	yes	yes	yes	yes	yes	Kebele 13
Woreta	Woreta health center	5	P, C, I,N		yes	yes	yes	yes	yes	yes	Kebele 02, 0584460067
	Woreta zuria h.post	6	P, C, I		yes	yes	yes	yes	yes		0918096953
	Kuhar abo h.post	6	P, C, I		yes	yes	yes	yes	yes		0918818598
	Tewaza h.post	6	P, C, I		yes	yes	yes	yes	yes		0918708630
Bahir Dar	Bahir Dar Teaching hospital	1	P, C, I, IU, N, tubal ligation, vasectomy	yes	yes	yes	yes	yes	yes	yes	
	Health Center 1	5	P, C, I, N	yes	yes	yes	yes	yes	yes	yes	
	Health Center 2	5	P, C, I	yes	yes	yes	yes	yes	yes	yes	
	Bahir Dar University clinic	7	C	yes	yes	yes	yes	yes	yes	yes	
Finoteselam	Fenoteselam hospital	4	P, C, I, IU,N, tubal ligation		yes	yes	yes	yes	yes	yes	Kebele 02, 0587750073
	Fenoteselam health center	5	P, C, I, N		yes	yes	yes	yes	yes	yes	Kebele 01, 0587750145
Dangila	Dangla health center	5	P, C, I,N,IU		yes	yes	yes	yes	yes	yes	Kebele 01, 0582210002
	Bacha h.post	6	P, C, I,		yes	yes	yes	yes	yes		Bacha kebele, 0918742358
	Zubra h.post	6	P, C, I,			yes	yes	yes	yes		Zubra kebele, 0910015516

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	Gerarge h.post	6	P, C, I,			yes	yes	yes	yes		Gerarge kebele, 0918126154
	Zelesa h.post	6	P, C, I,			yes	yes	yes	yes		Zelesa kebele, 0918017390
	Zeguda h.post	6	P, C, I,			yes	yes	yes	yes		Zeguda kebele, 0913713934
Enjibara	Enjibara health center	5	P, C, I,N		yes	yes	yes	yes	yes	yes	Kebele 01, 0582270165
	Kosober h.post	6	P, C, I,		yes	yes	yes	yes	yes		Kebele 01, kibiad
	Enjibara 03 h.post	6	P, C, I,			yes	yes	yes	yes		Kebele 03,
	Enjibara prison clinic	7									Kebele 02, Enjibara prison
Deberemarkos	D/Markos Hospital	3	P,C, I, IU, N, tubal ligation		yes	yes	yes	yes	yes	yes	Kebele -5
	D/Markos Health Center	5	P,C, I,N, IU		yes	yes	yes	yes	yes	yes	Kebele -4 Tele- 058-771 1023
	Hedace D/Markos HC	5	P,I,N		yes	yes	yes	yes	yes	yes	Kebele -3 Tele- 058-771 7176
	D/Markos University clinic	7	P		yes					yes	Huset,
	Ethiopian Road Authority clinic	7	C								Chemoga
	Police Clinic	7	C								Adebabay, Tel- 058-771 2867

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	Police Institution	7			yes						Chemoga , Tel- 058-771-2719, Ato Moges
	Prison Clinic	7	C		yes						Kidanemiheret, Tele-058-771 104, Getachew
Chagni	Chagni health center	5	P, C, I,N		yes	yes	yes	yes	yes	yes	Kebele 02, 0582250003
	Lunse h.post	6	P		yes	yes	yes	yes	yes	yes	Lunse Kebele
Bure	Bure health center	5	P, C, I, N		yes	yes	yes	yes	yes	yes	Kebele 01, 0587740103
	Wangedam h.post	6	P, C, I,			yes	yes	yes	yes		Wangedam kebele
	Tengha h.post	6	P, C, I,			yes	yes	yes	yes		Tengha kebele
	Wundigi h.post	6	P, C, I,			yes	yes	yes	yes		Wundigi kebele
	Daguna h.post	6	P, C, I,			yes	yes	yes	yes		Daguna kebele
Woldia	Woldia Health center	5	P,C,I,N	yes	yes	yes	yes	yes	yes	yes	Kebele-06, 0333310055
	Gondar ber Health post	6	P,I,C			yes			yes	yes	Kebele-08-Kibikalu
Dessie	Dessie referral hospital	3	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	
	Borumeda hospital	4	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	Borumeda
	Dessie HC	5	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	
	Buanbuawuha HC	5	P,C,I,N	yes	yes	yes	yes	yes	yes	yes	Buanbuawuha

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	Segnogebya HC	5	P,C,I	yes	yes	yes	yes	yes	yes	yes	Segnogebya
	Gerado HC	5	P,C,I,	yes	yes	yes	yes	yes	yes	yes	Gerado
	Borusilasie HC	5	P,C,I	yes	yes	yes	yes	yes	yes	yes	Borusilasie
	Tita HC	5	P,C,I	yes	yes	yes	yes	yes	yes	yes	Tita
	Metero H.Post	6	P,C,I								Salayish
	MOHA soft drink brewery clinic	7		yes	yes						Melaku sefer
	South Wollo police clinic	7		yes	yes						
	Dessie prison clinic	7		yes	yes						
	Tesfa dirgit clinic	7		yes	yes						
Kemissie	Kemissie Health center	5	P,C,I,N	yes	yes	yes	yes	yes	yes	yes	Kebele-03, 03335541704
	Kalu Health post	6	P,I			yes	yes	yes	yes	yes	Kalu
	Jaranio	6	P,I			yes	yes	yes	yes	yes	Jaranio
	Belacha	6	P,I			yes	yes	yes	yes	yes	Belacha
	Kemissie prison clinic	7		yes	yes						
Bati	Bati health center	5	P,C,I,IU.N		yes	yes	yes	yes	yes		02 kebele(0335530991)
Kombolcha	Komblich HC	5	P,c,I,IU,N	yes	yes	yes	yes	yes	yes		5510115
	Health center 1	5	P,c,I,N	yes	yes	yes	yes	yes	yes		5512713
	Health Center 2	5	P,C,I,N	yes	yes	yes	yes	yes	yes		5514090

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	Textile clinic	7	P.C,I,N	yes	yes	yes					04
	Elfora clinic	7	P.C,I,N	yes	yes	yes					04
	BGI clinic	7	P.C,I,N	yes	yes	yes				X	04
	Tannery clinic	7	P.C,I,N	yes	yes	yes				X	04

ANNEX 8. LIST OF PRIVATE HEALTH FACILITY IN STUDY TOWNS OF AMHARA REGION

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
Gondar	Gondar higher clinic	2			yes						Kebele 10
	Nur higher clinic	2	P, I, C, N		yes						Kebele 10
	Menaheria M. clinic	3	P, I		yes						Kebele 9
	Stadium M. clinic	3	P, I		yes						Kebele 13
	Birhan Tesfa M. clinic	3	P, I		yes						Kebele 12
	Cherkos M. Clinic	3	P		yes						Kebele 10
	Hayat M. Clinic	3	P, C		yes						Town HO has no address

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	Selama M. Clinic	3	P, I, C, N		yes						Kebele 18
	St. Gebreal M. clinic	3	P, I		yes						Kebele 13
	Adam M. Clinic	3	P, I, C, N		yes						Kebele 16
	Tinsae M. Clinic	3	P		yes						Kebele 13
	Selam M. Clinic	3	P		yes						Kebele 4
	Selamawit M.clinic	3	P		yes						Kebele 14
	Hulentenaye M. clinic	3	P		yes						Kebele 18
	St. Giorgis M. clinic	3	P		yes						Kebele 18
	FGAE clinic	5	P, C,I, N		yes					yes	Kebele 11
	Marie stopes	5	P, C, I, IU, N							yes	-
Woreta	Gebrehana clinic	3	P, C, I		yes	yes	yes	yes			Fekadu Asrat
	Ledeta clinic	3	P, C, I		yes	yes	yes	yes			Bekele Haylu
	National clinic	3	P, C, I		yes	yes	yes	yes			Bogale Jember

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	Medehanialem clinic	4	P, C, I		yes	yes	yes	yes			Dr. Sisaye
	Africa clinic	3	P, C, I		yes	yes	yes	yes			Bogale Jemberu
	St. Gebreal clinic	3	P, C, I		yes	yes	yes	yes			Birehanu Tefera
	Abe clinic	3	P, C, I		yes	yes	yes	yes			Ayalew Molla
	Hiowt fana clinic	3	P, C, I		yes	yes	yes	yes			Wondie Mulu
Bahir Dar	Gambi higher clinic	2	P, C, I, N	yes	yes	yes	yes	yes	yes		Address not known by town HO
	K/meschael higher clinic	2	P, C, I	yes	yes	yes	yes	yes	yes		Address not known by town HO
	Alem Stega Higher clinic	2	P, C, I	yes	yes	yes	yes	yes	yes		Address not known by town HO
	Tena medium clinic	3	P, C, I	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO
	Agmas medium clinic	3	P, C, I	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO
	Bahir Dar	3	P, C, I	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO
	Universal	3	P, C, I	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	Ethiopia	3	P, C, I	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO
	St. John	3	P, C, I	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO
	Beza	4	P, C	yes	yes	yes	yes	yes			Address not known by town HO
	Tikur Abay	4	P, C	yes	yes	yes	yes	yes			Address not known by town HO
	FGA clinic	5	P, C, I, IU, N	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO
	Marrie Stopes clinic	5	P, C, I, IU, N	yes	yes	yes	yes	yes	yes	yes	Address not known by town HO
Finoteselam	Dr. Melaku clinic	3	P, C, I, N		yes	yes	yes	yes			Kebele 02 0587751787
	Delenesa clinic	3	P, C, I		yes	yes	yes	yes			Kebele 01 0587750728
	Abebe clinic	4	P, C, I		yes	yes	yes	yes			Kebele 02 0587751024
	Selam clinic	4	P, C, I	yes	yes	yes	yes	yes			Kebele 02 0918135103
Dangila	St. marry clinic	3	P, C, I,N								Kebele 04
	Dangla clinic	3	P, C, I								Kebele 01, 0918701696
	Urael clinic	3	P								Kebele 05, 0913513997
	Agunta	4	P, C, I								Kebele 05, 0582211038

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	mariam clinic										
Enjibara	Genet clinic	3	P, C, I, N			yes	yes				Kebele 01 0911621193
	Buya clinic	3	P, C, I			yes	yes				Kebele 01, Dr. Abyot
	Zengena clinic	3	P, C, I			yes	yes				Kebele 02, bus station
Debremarkos	Eyeruslaem	2	P,I,N		yes	yes	yes	yes	yes	yes	Kebele-4 , Tel-0587711515, Dr Asres
	Markos	2	P, C, I		yes	yes	yes	yes	yes	yes	Kebele-2,Tel-0587712293, Dr. Hezkel
	Amanuel	3	P, C,I,N		yes	yes	yes	yes	yes	yes	Kebele-2,Tel-0587712898, Ato Gebeyehu
	Aschalew	4			yes						Kebele-3
	Kideste Silase	3	I		yes						Kebele-3, tel-0587715276, Dr. Melaku
	Dr. Gulilat	3			yes					yes	yes
	Silase	4			yes						Kebele-7,
	Vision Leyu Eye Clinic	5									Kebele-1
	Dima Clinic	3	I								Kebele-4
	Abinet Clinic	3									Kebele-5
	Marie Stops	5	I,C,N,IU			yes	yes	yes	yes		Abma, Tel-058-7714278/79 Dr. Anteneh
Family	5	I,C,N,IU		yes	yes	yes	yes			Kebele-4, Tel-058-771	

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	Guidance Association									2522 , W/ro Yeshe	
Chagni	Metekel clinic	2	P, C, I		yes	yes	yes	yes		Kebele 02 0582250703	
	Hayat clinic	3	P, C, I		yes	yes	yes	yes		Kebele 03, 0582250624	
	Enat clinic	3	P, C, I		yes	yes	yes	yes		Kebele 03 Gedam Wubete	
	Afia clinic	4	P, C, I		yes	yes	yes	yes		Kebele 03 0918135103	
	Miheretab clinic	4	P, C, I							Kebele 02 0582251478	
	Menaharia clinic	4	P, C, I							Kebele 02 0582251476	
Bure	St. Gorge hospital	1	P, C, I, IU, N		yes	yes	yes	yes		Kebele o2, 0587740025	
	Damot clinic	2	P, C, I,		yes	yes	yes	yes		Kebele o1, 0587740840	
	St. John clinic	2	P, C, I, N		yes	yes	yes	yes		Kebele o2, 0587740060	
	Bure clinic	4	P, C, I,	yes	yes	yes	yes	yes		Kebele o1, 0587740067	
Woldia	Teferi metasebiya medium clinic	3	P,I,C	yes	yes	yes				0333310997/0912083016	
	Woldia medium clinic	3	P,I,C	yes	yes	yes				0912124675	
	Selam	3	P,I,C	yes	yes	yes				0911407213	

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	medium clinic										
	Africa medium clinic	3	P,I,C	yes	yes	yes					0333312080/0912418393
	Dr. Andualem medium clinic	3	P,I,C	yes	yes	yes					0333310051/0911411030
	Life lion	4	P,I,C	yes	yes						0333310155/0911372192
	Tesfa lower clinic	4	P,I,C	yes	yes						0333310913/0913791140
	Woldia FGA clinic	5	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	
	Dessie	Selam hospital	1	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes
Bati hospital		1	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	MOHA Brewery
Ethio hospital		1	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	Melaku sefer
Wollo especial higher clinic		2	P,I,C, N	yes	yes	yes					
Addis Hiwot obstetrics and gynecology clinic		2	P,I,C	yes	yes	yes	yes	yes			
Dr.Teklewoin higher clinic		2	P,I,C	yes	yes	yes	yes	yes			
Dessie		2	P,I,C	yes	yes						

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	pediatric higher clinic										
	Addis surgical higher clinic	2	P,I,C	yes	yes						Melaku sefer
	Meseret surgical higher clinic	2	P,I,C	yes	yes						
	Dr.Amir Higher clinic	2	P,I,C	yes	yes	yes	yes	yes			
	Hayat medium clinic	3	P,I,C	yes	yes						
	Bethel medium clinic	3	P,I,C	yes	yes						
	Mahlet lower clinic	3	P,I,C	yes	yes						
	Kidist Mariam lower clinic	3	P,I,C	yes	yes						
	Abera lower clinic	3	P,I,C	yes	yes						
	Ekiram lower clinic	3	P,I,C	yes	yes						
	Meseret lower clinic	3	P,I,C	yes	yes						

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	Bethelhem lower clinic	3	P,I,C	yes	yes						
	Fisha lower clinic	3	P,I,C	yes	yes						
	Abera Silasie lower clinic	3	P,I,C	yes	yes						
	Wereeilu lower clinic	3	P,I,C	yes	yes						
	Kurkur lower clinic	3	P,I,C	yes	yes						
	FGAE	5	P, C, I, IU, N	yes	yes	yes	yes	yes		Yes	
	Marie Stopes	5	P, C, I, IU, N	yes	yes	yes	yes	yes		yes	
Kemissie	Dr. Siwahli clinic	3	P,I	yes	yes	yes	yes	yes			
	Afia Lower clinic	4	P,I	yes	yes	yes	yes	yes			
	Sent marry Lower clinic	4	P,I	yes	yes	yes	yes	yes	yes		
	Hamid Lower clinic	4	P,I	yes	yes						
	Kokeb Lower	4	P,I	yes	yes						

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic NGO clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	clinic										
	Selman Lower clinic	4	P,I	yes	yes						
	Abdela Lower clinic	4	P,I	yes	yes	yes	yes	yes			
	Afrah Lower clinic	4	P,I	yes	yes						
	Kemissie FGA clinic	4	P,C,I,IU,N	yes	yes	yes	yes	yes	yes	yes	Kebele-02,0911732582
Bati	Gendedeyu	3	P,C,I, N	yes	yes						02
	Hayate	3	P,C.I.	yes	yes						02
	Ahemed	4	P,C.I.	yes	yes						02
	Ali bati	4	P,C.I.	yes	yes						02
	Bati	4	P,C.I.	yes	yes						03
Kombolcha	Hayate	3	P,C,I,N	yes	yes	yes	yes	yes			03
	Gedera	3	P,C,I,N	yes	yes	yes	yes	yes			03
	Shallow	3	P,C,I	yes	yes	yes	yes	yes			03
	Eshetu	3	P,C,I,	yes	yes	yes	yes	yes			03
	Berhan	3	P,C,I	yes	yes	yes	yes	yes			03
	FGA	5	P,C,I,N	yes	yes	yes					04
	Charity Ethiopia	5	P,C,I,N	yes	yes	yes					04

ANNEX 9. PRIVATE OR PUBLIC PHARMACIES AND DRUG SHOPS (PHARMACY, DRUG VENDOR, OTHERS) IN THE STUDY TOWN OF AMHARA REGION

Town	Name	FP and STI service availability												Location (Kebele, Sefer name, telephone, contact person)	
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs for STI				VCT			
								Pen	Cip	Met	0t				
Gondar	Pharmid	yes	yes	yes	yes			yes	yes	yes	yes			Kebele 18	
	Star millennium pharmacy	yes	yes	yes	yes			yes	yes	yes	yes				
	Gam Pharmacy	yes	yes	yes	yes			yes	yes	yes	yes				
	Behere Pharma Pharmacy	yes	yes	yes	yes			yes	yes	yes	yes			Kebele 10	
	Goha Pharmacy	yes	yes	yes	yes			yes	yes	yes	yes			Kebele 3	
	Mekidela Pharmacy	yes	yes	yes	yes			yes	yes	yes	yes			Kebele 4	
	Gondar Pharmacy	yes	yes	yes	yes			yes	yes	yes	yes			Kebele 11	
	Meka Gewa Pharmacy	yes	yes	yes	yes			yes	yes	yes	yes			Kebele 12 and kebele 13	
Woreta	St. Gebreal drug vender	yes	yes	yes				yes	yes	yes	yes			Eshete Worku	

Town	Name	FP and STI service availability												Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs for STI				VCT		
								Pen	Cip	Met	0t			
	Woreta drug vender	yes	yes	yes				yes	yes	yes	yes			Mamo Woldie
	Guna drug vender	yes	yes	yes				yes	yes	yes	yes			Tadesse Deress
	Tis abay drug vender	yes	yes	yes				yes	yes	yes	yes			Wondie Muluneh
	St. Selasie drug store	yes	yes	yes				yes	yes	yes	yes			Abay Kassa
	St. Gorge drug vender	yes	yes	yes				yes	yes	yes	yes			Nahu Senay
Bahir Dar	Gambi higher clinic pharm	yes	yes	yes				yes	yes	yes	yes			Bus station
	Africa Drug store	yes	yes	yes				yes	yes	yes	yes			Address not known
	Tena pharmacy	yes	yes	yes				yes	yes	yes	yes			Address not known
	Amanuel pharmacy	yes	yes	yes				yes	yes	yes	yes			Address not known
	Dagmawit drug store	yes	yes	yes				yes			yes			Address not known
	Zoma Drug store	yes	yes	yes				yes	yes	yes	yes			Address not known
	Ethiopia pharmacy	yes	yes	yes				yes	yes	yes	yes			Address not known
	Ghion pharmacy	yes	yes	yes				yes	yes	yes	yes			Address not known
	Selam Drug store	yes	yes	yes				yes	yes	yes	yes			Address not known
	ERCS pharmacy	yes	yes	yes				yes	yes	yes	yes			Address not known
	Nile pharmacy	yes	yes	yes				yes	yes	yes	yes			Address not known
	Alpha drug store	yes	yes	yes				yes	yes					Address not known
	Bahir Dar Mamo pharmacy	yes	yes	yes				yes	yes	yes	yes			Address not known
finoteselam	Abay Drug vendor	yes	yes	yes				yes	yes					Address not known
	Bata drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02
	Geray pharmacy	yes	yes	yes				yes	yes	yes	yes			Kebele 02
	Abay drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 01
	Damot drug vender	yes	yes	yes				yes	yes	yes	yes			Kebele 02

Town	Name	FP and STI service availability												Location (Kebele, Sefer name, telephone, contact person)	
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs for STI				VCT			
								Pen	Cip	Met	0t				
Dangila	Kidus drug vender	yes	yes	yes				yes	yes	yes	yes			Kebele 01	
	St. marry drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 04,	
	Medehanialem drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 05,	
	Tseyon drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 05	
	Nahom drug vender	yes	yes	yes				yes	yes	yes	yes			Kebele 02	
	Tsegaye Hagose drug vender	yes	yes	yes				yes	yes	yes	yes			Kebele 04	
Enjibara	Genet drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 01,	
	Buya drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 01, 0911621193	
	Selam drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 01 0918762223	
	Fewuse drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 021 0918777867	
Debre Markos	Kidus Markos Pharmacy	yes	yes	yes				yes	yes	yes	yes			Kebele-2, Tele-058-771 2190, Ato Mulugeta	
	Addis Hiwot Drug Store	yes	yes	yes				yes	yes	yes	yes			Yegna Blding, Tel-058-771 4033, W/ro Roza	
	Kidus Gebreal Drug Store	yes	yes	yes				yes	yes	yes	yes			Kebele-2, Tel-058-771 6881, Ato Werkye	
	Kidus Micahel Drug Store	yes	yes	yes				yes	yes	yes	yes			Kebele-2, 058-771 6737, Ato Ayele	
	Meskel Drug Store	yes	yes	yes				yes	yes	yes	yes			Kebele-5, Tel- 0911 714866, Ato Negalegne	
	Ketema Drug Store	yes	yes	yes				yes	yes	yes	yes			Paradise Blding, Tel-058-771 7032, Ato Abebe	
	Red Cross Drug Store							yes	yes	yes	yes			Kebele-4, Tel-058-771 2829/1919, Ato Sisay	
	Tsiyon Drug Store	yes	yes	yes				yes	yes	yes	yes			Vision Blding	

Town	Name	FP and STI service availability												Location (Kebele, Sefer name, telephone, contact person)	
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs for STI				VCT			
								Pen	Cip	Met	0t				
	D/Markos University Pharmacy	yes	yes	yes				yes	yes	yes	yes				
Chagni	Ethiopia drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02, Yirega	
	Arduneja drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02 0582250086	
	Adonay drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02 0582250624	
	Joseph drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02 0582250027	
	Tana drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02 0582251129	
	Hayat drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 03 0582250703	
	National drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02 0582250874	
	Enat drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 03, Yekoye	
	Hiowet drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 02 0582250945	
Loza drug vender	yes	yes	yes				yes	yes	yes	yes			Kebele 02, Keleme		
Bure	Bure drug store	yes	yes	yes				yes	yes	yes	yes			Kebele 03, 0912924941	
	Mulu drug vender	yes	yes	yes				yes	yes	yes	yes			Kebele 01, 0913050527	
	Tigest drug vender	yes	yes	yes				yes	yes	yes	yes			Kebele 01, 0587740005	
Woldia	Getachew rural drug vendor	yes	yes	yes				yes	yes	yes	yes			0333310220/0913378865	
	Kidus Gebriel rural drug vendor	yes	yes	yes				yes	yes	yes	yes				
	Selam drug store	yes	yes	yes				yes	yes	yes	yes			0911092448	
	Red cross drug store	yes	yes	yes				yes	yes	yes	yes			0333311652/0911004286	
	Wollo drug store	yes	yes	yes				yes	yes	yes	yes			0333311635/0912865830	
	Addis Hiwot drug store	yes	yes	yes				yes	yes	yes	yes			0913289689	
	Debre Gelila drug	yes	yes	yes				yes	yes	yes				0914742825	

Town	Name	FP and STI service availability											Location (Kebele, Sefer name, telephone, contact person)	
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs for STI				VCT		
								Pen	Cip	Met	0t			
	store													
	Beza drug store	yes	yes	yes				yes	yes	yes				0913881313/0912007203
	Teferi metasebiya drug store	yes	yes	yes				yes	yes	yes				0333310078/0911889635
	Ker drug store	yes	yes	yes				yes	yes	yes				0333310755/0911089470
	Lalibela pharmacy	yes	yes	yes				yes	yes	yes	yes			0333310450/0914716155
	Tesfa drug store	yes	yes	yes				yes	yes	yes				0913291808
Kemissie	Kasim drug store	yes	yes	yes				yes	yes	yes				Kebele-03-0914716711
	Hassen drug store	yes	yes	yes				yes	yes	yes				Kebele-03-0911954517
	Asherka drug store	yes	yes	yes				yes	yes	yes				Kebele-01-0911412820
	Hayat drug vendor	yes	yes	yes				yes	yes	yes				Kebele -02-0912420621
	Medihaniyalem drug vendor	yes	yes	yes				yes	yes	yes				Kebele-02-0911117482
	Aumi drug store	yes	yes	yes				yes	yes	yes				Kebele-02-0911697487
Bati	Najat drug store	yes	yes	yes										02
	Wollo	yes	yes	yes										02
	Este Hiwot	yes	yes	yes										02
	Bate rural	yes	yes	yes										02
Kombolcha	Noh Drug vendor	yes	yes	Yes				Yes	Yes	Yes	Yes			Kebele-07
Dessie	NOAH drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Africa Pharmacy	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Dessie Drug Store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Awash Drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Bethelhem Pharmacy	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Hiwot Pharmacy	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Mekdela drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Lucy drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Ethio Pharmacy	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07

Town	Name	FP and STI service availability											Location (Kebele, Sefer name, telephone, contact person)	
		OCPs	Injectables	Condom	Norplant	IUD	Other FP (specify)	Drugs for STI				VCT		
								Pen	Cip	Met	0t			
	Bathi Pharmacy	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Afiya drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Mahlet drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Biruh drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-06
	Selam Pharmacy	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Wollo drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07
	Kana Zegelila pharmacy	yes	yes	Yes				yes	yes	Yes	yes			Kebele-06
	Fewuse drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-06
	Tossa drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-06
	Mountain pharmaceutical product distribution	yes	yes	Yes				yes	yes	Yes	yes			Kebele-06
	Pharma Dessie pharmaceutical product distribution	yes	yes	Yes				yes	yes	Yes	yes			Kebele-06
	Ethiopia drug store	yes	yes	Yes				yes	yes	Yes	yes			Kebele-07

ANNEX 10. LIST OF PUBLIC HEALTH FACILITIES IN DIRE DAWA

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
Diredewa	Number one HC	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Kebele 03
	Laga Hare HC	5	P,C,I, N		yes	yes	yes	yes	yes	yes	Kebele 08
	Sabiyen HC	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Kebele 02
	Ganda Garada HC	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Kebele 09
	Goro HC	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Kebele 02
	Melka Jebdu HC	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Kebele 01
	Jaldessa HC	5	P,C,I,,N		yes	yes	yes	yes	yes	yes	Jaldessa
	Malka Karo HC	5	P,C,I,IU,N		yes	yes	yes	yes	yes	yes	Malka Karo
	Addis Ketema HC		P,C,I,N		yes	yes	yes	yes	yes	yes	Kebele 05
	Ganda Kore HC	5	P,C,I,,N		yes	yes	yes	yes	yes	yes	Kebele 04
	Biyo Awale HC	5	P,C,I,IU,N		yes	yes	yes	yes	yes	yes	Biyo Awale
	Kalicha HC	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Kalicha
	Harla Belina HC	5	P,C,I,IU,N		yes	yes	yes	yes	yes	yes	Harla Belina
	Wahil HC	5	P,C,I,N		yes	yes	yes	yes	yes	yes	Wahil

Town	Name of facility	Type of facilities Teaching Hospital Regional referral hospital Zonal hospital District hospital Health centers Health posts Other governmental clinics	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				DX	DX & RX						
	Helegoda gudunfata HC	5	P,C,I,IU,N		yes	yes	yes	yes	yes	yes	Helegoda gudunfata
	Dilchora Hospital	2	P,C,I,IU,N, tubal ligation and vasectomy		yes	yes	yes	yes	yes	yes	Kebele 03
	Dire Dawa food complex medium clinic	7		yes							Kebele 03
	Nas foods textile factory medium clinic	7		yes							Kebele 09
	East Africa bottling campany medium clinic	7		yes							Kebele 10
	Police medium clinic	7		yes							Kebele 03
	National cement factory medium clinic	7		yes							Kebele 02
	Dire Dawa University medium clinic	7		yes							Kebele 02

ANNEX II. LIST OF PRIVATE HEALTH FACILITIES IN DIRE DAWA

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
Dire Dawa	Karamara higher clinic	2	P,C,I		yes	yes	yes				Kebele 04
	Yemariamwerk Higher clinic	2	P,C,I		yes	yes	yes				Kebele 03
	Central higher clinic	2	P,C,I		yes	yes	yes				Kebele 03
	Dire higher clinic	2	P,C,I		yes	yes	yes				Kebele 03
	Ethiopia higher clinic	2	P,C,I		yes	yes	yes				Kebele 02
	Bethel medium clinic	3	P,C,I		yes	yes	yes				Kebele 09
	Abadir medium clinic	3	P,C,I		yes	yes	yes				Kebele 03
	Alrahima medium clinic	3	P,C,I		yes	yes	yes				Kebele 07
	Beherawi medium clinic	3	P,C,I		yes	yes	yes				Kebele 04
	Africa medium clinic	3	P,C,I		yes	yes	yes				Kebele 04
	China medium clinic	3	P,C,I		yes	yes	yes				Kebele 04

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	Selam medium clinic	3	P,C,I		yes	yes	yes				Kebele 04
	Djibuti medium clinic	3	P,C,I		yes	yes	yes				Kebele 07
	Family medium clinic	3	P,C,I		yes	yes	yes				Kebele 09
	Gizaw medium clinic	3	P,I,C		yes	yes	yes				Kebele 06
	Jum’a medium clinic	3	P,C,I		yes	yes	yes				Kebele 07
	Ganda kore medium clinic	3	P,C,I		yes	yes	yes				Kebele 04
	Addis medium clinic	3	P,C,I		yes	yes	yes				Kebele 07
	Abas medium clinic	3	P,C,I		yes	yes	yes				Kebele 08
	Rahimatu Taye medium clinic	3	P,C,I		yes	yes	yes				Kebele 09
	Hayat medium clinic	3	P,C,I		yes		yes				Kebele 03
	Jum’a special dental medium clinic	3	-								Kebele 03
	Chacha special dental medium clinic	3	-								Kebele 03
	Admas special dental medium clinic	3	-								Kebele 06
	Midir Babur medium Hospital	5(medium hospital)	P,C,I,IU,N		yes		yes				Kebele 03
	Bilal medium hospital	5(medium hospital)	P,I,C,IU,N		Yes		Yes				Kebele 07
	Art general hospital	1	P,C,I,IU,N		yes		Yes				Kebele 03
	Yemariam Work hospital	1	P,C,I,IU,N		Yes		Yes				Kebele 02

Town	Facility name	Type of facilities General hospital Higher clinic Medium clinic Lower clinic Other (specify)	Services provided: FP, STI, ANC, Delivery, Post natal, childhood immunization								Location (Kebele, Sefer name, telephone, contact person)
			**FP (specify by type)	STI		ANC	Delivery	Post natal	Childhood Immunization	CT	
				Dx & referral	Dx& RX						
	FGA medium clinic	3	P,C,I,N		yes	yes	yes	yes		Yes	Kebele 06
	Marrie stops medium clinic	3	P,C,I, IU,N		yes	yes	yes	yes		Yes	Kebele 03

ANNEX-12. INSTITUTIONAL AND COMMUNITY DRUG OUTLETS- NUMBER OF PRIVATE PHARMACIES AND DRUG SHOPS (PHARMACY, DRUG VENDOR, OTHERS) IN DIRE DAWA

Town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other (specify)	Drugs* for STI				
								Pen	Cip	Met	Ot	
Dire Dawa	Rute pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 07
	Awash pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 04
	Yuniversal pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 04
	Afren pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele
	Lewi pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Anbessa pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 04
	Hayat pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 03
	Nati drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 03
	Paulos drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 02
	Red cross drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 03
	Eiman pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Hawi pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 07
	Nigat pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 07
	Abera drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 03
	International drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 03
Family pharm	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 02	

Town	Name	FP and STI service availability										Location (Kebele, Sefer name, telephone, contact person)
		OCPs	Injectables	Condom	Norplant	IUD	Other (specify)	Drugs* for STI				
								Pen	Cip	Met	Ot	
	Alpha drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 07
	Rahmetu taye drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Sabiyan drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 02
	Hiwot drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 06
	Tiret drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 06
	Megala chebtu drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Dire drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Bereko drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	FGA drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 02
	St Gebrel RDV	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 06
	St Markos RDV	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 01
	St Michael RDV	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 04
	Dire Dawa RDV	yes	yes	yes	yes			yes	yes	yes	yes	
	Hizb drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 06
	Bondera drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Selam drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 07
	Central drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 07
	Eyosaf drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Lewi drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 09
	Sabiya st Gabriel drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 02
	Ethiopia liyu drug shop	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 03
	Kezira drug store	yes	yes	yes	yes			yes	yes	yes	yes	Kebele 07